

## Final Proposed Filing - Coversheet

### Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the “Rule on Rulemaking” adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of “Proposed Rule Postings” online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

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**PLEASE REMOVE ANY COVERSHEET OR FORM NOT REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!**

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**Certification Statement:** As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

### **Reportable and Communicable Diseases Rule**

/s/ Todd W. Daloz \_\_\_\_\_, on 5/15/24  
(signature) (date)

Printed Name and Title:  
Todd W. Daloz  
Deputy Secretary  
Agency of Human Services

RECEIVED BY: \_\_\_\_\_

- Coversheet
- Adopting Page
- Economic Impact Analysis
- Environmental Impact Analysis
- Strategy for Maximizing Public Input
- Scientific Information Statement (if applicable)
- Incorporated by Reference Statement (if applicable)
- Clean text of the rule (Amended text without annotation)
- Annotated text (Clearly marking changes from previous rule)
- ICAR Minutes
- Copy of Comments
- Responsiveness Summary

1. TITLE OF RULE FILING:

**Reportable and Communicable Diseases Rule**

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

24P014

3. ADOPTING AGENCY:

AHS, Vermont Department of Health

4. PRIMARY CONTACT PERSON:

*(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).*

Name: Natalie Weill

Agency: AHS, Vermont Department of Health

Mailing Address: 280 State Drive Waterbury, VT 05671-8300

Telephone: 802-863-7280 Fax: 8029511275

E-Mail: ahs.vdhrules@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

<http://www.healthvermont.gov/about-us/laws-regulations/public-comment>

5. SECONDARY CONTACT PERSON:

*(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).*

Name: Brendan Atwood

Agency: AHS, Vermont Department of Health

Mailing Address: 280 State Drive Waterbury, VT 05671-8300

Telephone: 802-863-7280 Fax: 802-951-1275

E-Mail: ahs.vdhrules@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

*(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?)* No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

*(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).*

3 V.S.A. § 801(b)(11); 18 V.S.A. §§ 102 and 1001, 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).

**EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:**

3 V.S.A. § 801(b)(11) states, "'Adopting authority' means, for agencies that are attached to the Agenc[y] of...Human Services...the commissioner of [that] department."

8. 18 V.S.A. §1001 states: "The Commissioner, with the approval of the Secretary of Human Services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable."
9. THE FILING HAS NOT CHANGED SINCE THE FILING OF THE PROPOSED RULE.
10. THE AGENCY HAS NOT INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.
11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.
12. THE AGENCY HAS NOT INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.
13. THE AGENCY HAS NOT INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.
14. **CONCISE SUMMARY (150 WORDS OR LESS):**

This rulemaking does the following: 1) Modifies the content contained in reports to include additional information if requested; 2) Removes the requirement to report negative and indeterminate SARS-CoV-2, the lab test for COVID-19, results to the Department of Health (Department); 3) Changes the required reporting period for positive SARS-CoV-2 results and COVID-19 from "immediately" to "within 24 hours"; 4) Adds Mpox to the list of reportable diseases and the associated laboratory finding, Non-variola Orthopoxvirus, to the list of reportable laboratory findings; 5) Clarifies that immediate reporting for identified diseases and laboratory findings means they must be reported by telephone to the Department; 6) Requires additional organisms to be sent to the Department Laboratory; 7)

Updates and clarifies various other human and animal diseases, syndromes, and laboratory findings required to be reported to the Department; and 8) Reorganizes the rule for clarity.

**15. EXPLANATION OF WHY THE RULE IS NECESSARY:**

The public health risk associated with Mpox and other diseases is changing. Updating the list of reportable diseases is imperative to the Department's public health surveillance and disease prevention efforts.

The changes to reporting related to COVID-19 are necessary to alleviate the administrative burden on health care providers and laboratories, and are appropriate given the end of the COVID-19 public health emergency.

**16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:**

18 V.S.A. §1001 states: "The Commissioner, with the approval of the Secretary of Human Services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable." The decisions made by the Department regarding these regulations are factually based, rationally connected to those factual bases, and would make sense to a reasonable person.

**17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:**

Health care providers  
Laboratory directors  
Veterinarians

**18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):**

There is likely to be a positive, though unmeasurable, economic impact to health care providers and laboratories associated with the removal of the requirement to report negative and indeterminate laboratory results for SARS-CoV-2.

**19. A HEARING WAS HELD.**

**20. HEARING INFORMATION**

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 4/29/2024

Time: 11:00 AM

Street Address: NOB 2 North, 280 State Dr, Waterbury, VT, Rm.  
Linden 22

Zip Code: 05671

URL for Virtual: call in (audio only)

+1 802-828-7667, ,76013387# United States, Montpelier

Phone Conference ID: 760 133 87#

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Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

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Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

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Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

5/6/2024

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Mpox

Human Monkey Pox Virus  
COVID-19  
Reportable Communicable Diseases  
Laboratory  
Tests



STATE OF VERMONT  
AGENCY OF HUMAN SERVICES

MEMORANDUM

**TO:** Sarah Copeland Hanzas, Secretary of State

**FROM:** Jenney Samuelson, Secretary, Agency of Human Services

A handwritten signature in blue ink, appearing to be 'Jenney Samuelson', written over the 'FROM' line.

**DATE:** March 7, 2024

**SUBJECT:** Signatory Authority for Purposes of Authorizing Administrative Rules

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I hereby designate Todd Daloz, Deputy Secretary, Agency of Human Services as signatory to fulfill the duties of the Secretary of the Agency of Human Services as the adopting authority for administrative rules as required by Vermont's Administrative Procedures Act, 3. V.S.A § 801 et seq.

CC: Todd W. Daloz via [Todd.Daloz@vermont.gov](mailto:Todd.Daloz@vermont.gov)

## Adopting Page

### Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

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#### 1. TITLE OF RULE FILING:

**Reportable and Communicable Diseases Rule**

#### 2. ADOPTING AGENCY:

AHS, Vermont Department of Health

#### 3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

- **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
- **NEW RULE** - A rule that did not previously exist even under a different name.
- **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **AN AMENDMENT OF AN EXISTING RULE** .

#### 4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):

Reportable and Communicable Disease Rule. July 1, 2022  
Secretary of State Rule Log #22-020





## INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

**Meeting Date/Location:** February 23, 2024, virtually via Microsoft Teams

**Members Present:** Chair Sean Brown, Jennifer Mojo, John Kessler, Diane Sherman, Michael Obuchowski, Nicole Dubuque, Jared Adler (voted on the 1<sup>st</sup> two rules only then exited meeting at 1:55 PM), Natalie Weill (did not vote)

**Minutes By:** Melissa Mazza-Paquette

- 1:01 p.m. meeting called to order, welcome and introduction of newest Committee member Natalie Weill who will begin voting at the next ICAR meeting.
- Review and approval of [minutes](#) from the January 8, 2024 meeting.
- No additions/deletions to agenda.
- No public comments made.
- Presentation of Proposed Rules on pages 2-7 to follow.
  - 1) Aboveground Storage Tank Rules, Agency of Natural Resources, Department of Environmental Conservation, page 2
  - 2) Unused Drug Repository Rule, Agency of Human Services, Department of Health, page 3
  - 3) Improved Tracking of Workplace Injuries and Illnesses, Vermont Department of Labor, page 4
  - 4) Reportable and Communicable Diseases Rule, Agency of Human Services, Department of Health, page 5
  - 5) Rule 3.300 Disconnection of Residential Gas, Electric and Water Service, Vermont Public Utility Commission, page 6
  - 6) Rule 3.400 Disconnection of Cable Television Service and Non-Residential Electric, Gas and Water Service, Vermont Public Utility Commission, page 7
- Other business:
  - Diane will create draft public guidance for the Committee's review at a future meeting to aid those filing proposed rules.
- Next scheduled meeting is Monday, March 11, 2024 at 2:00 p.m.
- 3:02 p.m. meeting adjourned.

**Proposed Rule:** Reportable and Communicable Diseases Rule, Agency of Human Services, Department of Health

**Presented By:** Natalie Weill

Motion made to accept the rule by Nicole Dubuque, seconded by Jen Mojo, and passed unanimously with the following recommendations:

1. Proposed Filing – Coversheet:
  - a. #11: Reach out to the Vermont Agency of Agriculture, Food & Markets.
  - b. #12: Clarify if there are any economic impacts to others.
2. Public Input Maximization Plan:
  - a. #3: Include all outreach.
  - b. Add ', Food & Markets' to 'Vermont Agency of Agriculture'.



## Economic Impact Analysis

### **Instructions:**

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn’t appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

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### 1. TITLE OF RULE FILING:

**Reportable and Communicable Diseases Rule**

### 2. ADOPTING AGENCY:

AHS, Vermont Department of Health

### 3. CATEGORY OF AFFECTED PARTIES:

*LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:*

Health care providers and laboratory directors: There is likely to be a positive, though unmeasurable, economic impact to health care providers and laboratories associated with the removal of the requirement to report negative and indeterminate SARS-CoV-2 results.

Veterinarians: No anticipated impact.

4. **IMPACT ON SCHOOLS:**

*INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:*

No impact is anticipated.

5. **ALTERNATIVES: CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.**

Because there are no impacts, alternatives have not been considered.

6. **IMPACT ON SMALL BUSINESSES:**

*INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):*

There are no anticipated impacts to small businesses.

7. **SMALL BUSINESS COMPLIANCE: EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.**

There are no anticipated impacts to small businesses.

8. **COMPARISON:**

*COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:*

Without these amendments, Mpox would be not a required reportable disease. Additionally, providers and labs would need to continue to report results that are no longer utilized since the end of the public health emergency.

9. **SUFFICIENCY: DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.**

The Department has provided the relevant information it has based on as assessment of the potential impacts.

## Environmental Impact Analysis

### **Instructions:**

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

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1. TITLE OF RULE FILING:

**Reportable and Communicable Diseases Rule**

2. ADOPTING AGENCY:

AHS, Vermont Department of Health

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*  
No impact is anticipated.

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*  
No impact is anticipated.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*  
No impact is anticipated.

6. RECREATION: *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*  
No impact is anticipated.

7. **CLIMATE:** *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*

No impact is anticipated.

8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*

No impact is anticipated.

9. **SUFFICIENCY:** *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

The rule does not impact any of the areas listed above, and therefore, this analysis sufficiently captures that there will be no environmental impact.

## Public Input Maximization Plan

### Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

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1. TITLE OF RULE FILING:

**Reportable and Communicable Diseases Rule**

2. ADOPTING AGENCY:

AHS, Vermont Department of Health

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

A public hearing will be held.

The rule will be posted on the Department of Health website:

[http://healthvermont.gov/admin/public\\_comment.aspx](http://healthvermont.gov/admin/public_comment.aspx).

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

40 infectious disease clinicians

26 Clinical Lab Directors and Microbiology Directors representing every Vermont hospital

The Vermont Veterinary Medical Association

Vermont Agency of Agriculture, Food, and Markets

Vermont Department of Fish & Wildlife

USDA Wildlife Services

USDA Veterinary Services

Annotated  
Text

**Chapter 4 – Health Surveillance and Infectious Disease**  
**Subchapter 1**

**Reportable and Communicable Diseases Rule**

**1.0 Authority**

These regulations are pursuant to 18 V.S.A. §§ 102 and 1001, 3 V.S.A. §3003(b), 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).

**2.0 Purpose**

The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action.

**3.0 Definitions**

**3.1** “Commissioner” means the Commissioner of Health.

**3.2** “Communicable disease” or “communicable syndrome” means an illness due to the infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal, host, or vector, or through the inanimate environment.

**3.3** “Department” means the Vermont Department of Health.

**3.4** “Electronic laboratory reporting” means the transmission of a reportable laboratory finding and associated required report elements from the reporting entity to the Department in a structured format, including but not limited to HL7 messaging, flat file, and web-based entry.

**3.5** “Laboratory” means a facility performing testing that identifies a reportable finding as defined in this rule, including but not limited to point-of-care testing, in-clinic testing, hospital laboratory testing, and reference laboratory testing.

**3.6** “Subject species” means any mammal species which may carry and potentially serve as a reservoir species for rabies including but not limited to raccoons, foxes, bats, skunks, woodchucks, and domestic animals.



## 4.0 Confidentiality Requirements

4.1 Any person or entity required to report under this rule must have written policies and procedures in place that ensure the confidentiality of the records. Such policies and procedures must, at a minimum, include the following:

4.1.1 Identification of those positions/individuals who are authorized to have access to confidential disease-reporting information and the limits placed upon their access;

4.1.2 A mechanism to assure that the confidentiality policies and procedures are understood by affected staff;

4.1.3 A process for training staff in the confidential handling of records;

4.1.4 A quality assurance plan to monitor compliance and to institute corrective action when necessary;

4.1.5 A process for the confidential handling of all electronically -stored records;

4.1.6 A process for authorizing the release of confidential records; and

4.1.7 Provision for annual review and revision of confidentiality policies and procedures.

4.2 In relation to the reporting of HIV and AIDS, the Department shall maintain the following:

4.2.1 Procedures for ensuring the physical security of reports, including procedures for personnel training and responsibilities for handling physical reports and data;

4.2.2 Computer security procedures;

4.2.3 Communication procedures;

4.2.4 Procedures for the legal release of data; and

4.2.5 Procedures to ensure that a disclosure of information from the confidential public health record is made consistent with 18 V.S.A. § 1001(b).

~~Procedures to ensure that a disclosure of information from the confidential public health record is only made following notice to the individual~~

~~subject of the public health record or the individual's legal representative and pursuant to a written authorization voluntarily executed by the individual or the individual's representative pursuant to 18 V.S.A. §1001 (b).~~

## **5.0 Reporting Requirements for Both Diseases and Laboratory Findings**

### **5.1 Persons Required to Report Reportable Diseases and Laboratory Findings** ~~**Organizations and persons required to report**~~

5.1.1 The professionals listed below are required to report all diseases and laboratory findings, listed in Section 6.3 and Section 7.3, to the Department of Health. Professionals employed at nonmedical community-based organizations are exempt from these requirements. The following are required reporters:

- 4.2.4.15.1.1.1 Infection preventionists;
- 4.2.4.25.1.1.2 Laboratory directors;
- 4.2.4.35.1.1.3 Nurse practitioners;
- 4.2.4.45.1.1.4 Nurses;
- 4.2.4.55.1.1.5 Physician assistants;
- 4.2.4.65.1.1.6 Physicians;
- 4.2.4.75.1.1.7 School health officials;
- 4.2.4.85.1.1.8 Administrators of long-term care and assisted living facilities;
- 4.2.4.95.1.1.9 Pharmacists; and
- 5.1.1.10 Any other health care provider, as defined by 18 V.S.A § 9402.

5.1.2 Required reporters listed in Section 5.1.1 shall report all suspected and confirmed diseases listed in Section 6.3, Table 1: Diseases, Syndromes, and Treatments Required to be Reported (Table 1), and in Section 7.3, Table 2: Laboratory Findings Required to be Reported (Table 2), unless otherwise specified in Table 1 and Table 2.

5.1.3 Required reporters listed in Section 5.1.1 shall report all positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests listed in Table 1 and Table 2, unless otherwise specified in Table 1 and Table 2.

5.1.4 For those diseases or laboratory reports indicated by a "\*" results shall be reported immediately, by telephone, to the Department.

## **5.2 Additional Reporting Requirements for Diseases and Laboratory Findings**

5.2.1 The following are additional reporting requirements that shall be reported to the Department, within 24 hours, following the requirements listed in Section 6.1 and Section 7.1, for the surveillance of any infectious agents, outbreaks, epidemics, related public health hazard, or act of bioterrorism:

5.2.1.1 Any single unusual occurrence of a communicable disease of a major public health concern;

5.2.1.2 Any single unusual occurrence of a laboratory finding of a major public health concern; or

5.2.1.3 Any unexpected pattern or cluster of cases, suspected cases, or deaths from, a disease or laboratory finding of a major public health concern.

~~4.2.5~~ Any unusual occurrence of communicable disease or any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other illness of major public health concern, because of the severity of illness or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard or act of bioterrorism, must be reported. Such reports may be made by sharing medical encounter information with the Department of Health so that the Department can determine if there is sufficient probability that a case or an outbreak warrants further public health response.

#### ~~4.3~~

The following professionals who know or suspect that a person is sick or has died of a disease dangerous to the public's health are required to report to the Department of Health within 24 hours of the time when they become aware of the disease (immediate reporting is essential for those diseases or laboratory reports indicated by a "\*"). Professionals employed at nonmedical community-based organizations are exempt from these requirements. Required reporters:

## 6.0 Communicable Disease Reports

### 6.1 Content of Report

~~4.3.1~~ The report of communicable diseases, and other dangerous and rare infectious diseases ~~dangerous to the public's health and rare infectious diseases, as listed in Section 6.3, Table 1, 5.4,~~ shall include the following information as it relates to the affected person:

#### 6.1.1

~~4.3.1.1~~ Name;

6.1.1.1

~~4.3.1.2~~ Date of birth;

6.1.1.2

~~4.3.1.3~~ Age;

6.1.1.3

- ~~4.3.1.4~~ Sex;
- ~~6.1.1.4~~
- ~~4.3.1.5~~ Race;
- ~~6.1.1.5~~
- ~~4.3.1.6~~ Ethnicity;
- ~~6.1.1.6~~
- ~~4.3.1.7~~ Address;
- ~~6.1.1.7~~
- ~~4.3.1.8~~ Telephone number;
- ~~6.1.1.8~~
- ~~4.3.1.9~~ Name of health care provider/physician;
- ~~6.1.1.9~~
- ~~4.3.1.10~~ Address of health care provider/physician;
- ~~6.1.1.10~~
- ~~4.3.1.11~~ Name of disease being reported;
- ~~6.1.1.11~~
- ~~4.3.1.12~~ Date of onset of the disease;
- ~~6.1.1.12~~
- ~~4.3.1.13~~ Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;
- ~~6.1.1.13~~
- ~~4.3.1.14~~ Laboratory and diagnostic results relevant to the disease or syndrome, if requested
- ~~6.1.1.14~~ ; and
- ~~4.3.1.15~~ ~~6.1.1.15~~ Any other information deemed pertinent by the reporter.;

#### **4.4—How to Make a Report for Disease Reporting**

##### **6.2**

- ~~6.2.1~~ The report shall be made by telephone, in writing, or electronically ~~to the Department of Health~~ within 24 hours to the Department, unless denoted by an asterisk (\*).
- ~~6.2.2~~ Diseases, syndromes, and treatments listed in Table 1, denoted with an asterisk (\*), shall be reported to the Department immediately, by telephone.
- ~~6.2.3~~ HIV and AIDS reports shall be made on the Adult HIV/AIDS Confidential Case Report Form or the Pediatric HIV/AIDS Confidential Case Report Form, as appropriate.

**4.5—Diseases, Syndromes, and Treatments Required to bbe Reported**

**6.3**

**4.5.16.3.1** ~~The following is a Table~~ **1 is a list** of all reportable diseases, syndromes, and treatments. For those diseases or laboratory reports indicated by a “\*” results shall be reported to the Department immediately, by telephone(immediate reporting is essential for those diseases or laboratory reports indicated by a “\*”):

| <b>Table 1: Diseases, Syndromes, and Treatments Required to be Reported</b>   |  |
|---|--|
| <b>Diseases, Syndromes, and Treatments</b>  | <b>Reportable Laboratory Findings</b>  |
| Anaplasmosis  | <i>Anaplasma phagocytophilum</i>   |
| Animal bites are reportable to Town Health Officers only per Section 12.0 of this rule. Reporting form available at <a href="#">HS ID TownHealthOfficerAnimalBiteReportForm.pdf (healthvermont.gov)</a> . | N/A  |
| Anthrax*  | <i>Bacillus anthracis</i> *  |
| <del>Arboviral illness</del>  |  |
| Babesiosis  | <i>Babesia microti</i> , <i>Babesia divergens</i> , <i>Babesia duncani</i>                   |
| <del>Blastomycosis</del>  | <del><i>Blastomyces species</i></del>  |
| Blood lead levels   | All results, including undetectable  |
| Botulism*   | <i>Clostridium botulinum</i> *   |
| Brucellosis*  | <i>Brucella species</i> *  |
| Campylobacteriosis  | <i>Campylobacter species</i>   |
| <i>Candida auris</i> illness  | <i>Candida auris</i>   |
| Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB) infection/colonization   | Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB), including susceptibility results |
| Carbapenem-resistant <i>Enterobacterales</i> (CRE) infection/colonization   | Carbapenem-resistant <i>Enterobacterales</i> (CRE), including susceptibility results         |

|  |  |
|--|--|
| Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) infection/colonization | Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA), including susceptibility results                      |
| <u>Chikungunya virus disease</u>   | <u>Chikungunya virus</u>   |
| <i>Chlamydia trachomatis</i> infection   | <i>Chlamydia trachomatis</i>   |
| Cholera*   | <i>Vibrio cholerae</i> serogroups O1 or O139*  |
| COVID-19*  | SARS-CoV-2*  |
| <u>COVID-19-related pediatric deaths</u>   | SARS-CoV-2*  |
| Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies              | N/A  |
| Cryptosporidiosis  | <i>Cryptosporidium</i> species   |
| Cyclosporiasis   | <i>Cyclospora cayetanensis</i>   |
| Dengue   | Dengue virus   |
| Diphtheria*  | <i>Corynebacterium diphtheriae</i> *   |
| Eastern equine encephalitis  | Eastern equine encephalitis virus  |
| Ehrlichiosis   | <i>Ehrlichia chaffeensis</i> , <i>Ehrlichia ewingii</i> , <i>Ehrlichia muris eauclairensis</i>                   |
| Encephalitis   | N/A  |
| Glanders*  | <i>Burkholderia mallei</i> *   |
| Gonorrhea  | <i>Neisseria gonorrhoeae</i>   |
| <del>Guillain-Barré Syndrome</del>   | <del>N/A</del>   |
| <i>Haemophilus influenzae</i> disease, invasive*                                 | <i>Haemophilus influenzae</i> , isolated from a normally sterile site, <u>including susceptibility results</u> * |
| Hantavirus disease   | Hantaviruses   |
| Hard tick relapsing fever  | <i>Borrelia miyamotoi</i>  |
| Hemolytic uremic syndrome (HUS)  | N/A  |
| Hepatitis A (acute)*   | Hepatitis A virus (anti-HAV IgM)*  |
| Hepatitis B  | Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)   |

|   |   |
|---|---|
| Hepatitis B, positive surface antigen in a pregnant <u>woman-person</u>   | Hepatitis B virus (HbsAg)   |
| Hepatitis C   | Positive hepatitis C antibody results and all positive <u>and non-detectable nucleic acid test results, including genotype</u>  |
| Hepatitis E   | Hepatitis E virus (IgM anti-HEV)  |
| Human immunodeficiency virus (HIV) infection/AIDS   | Human immunodeficiency virus (HIV) including the following: <ul style="list-style-type: none"> <li>• HIV viral load measurement (including non-detectable results)</li> <li>• All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing</li> </ul> |
| <u>Infant botulism*</u>   | <i>Clostridium botulinum*</i>   |
| Influenza: Report<br>- Individual cases of influenza only if due to a novel strain of Influenza A*<br>- Pediatric influenza-related deaths<br>- Institutional outbreaks | N/A (except for novel influenza A)  |
| Jamestown Canyon virus disease  | Jamestown Canyon virus  |
| <u>La Crosse virus disease</u>  | <u>La Crosse virus</u>  |
| Legionellosis   | <i>Legionella</i> species   |
| Leptospirosis   | <i>Leptospira</i> species   |
| Listeriosis   | <i>Listeria monocytogenes</i>   |
| Lyme disease  | <i>Borrelia burgdorferi, Borrelia mayonii</i>   |
| Malaria   | <i>Plasmodium</i> species   |
| Measles (Rubeola)*  | Measles virus*  |
| Melioidosis*  | <i>Burkholderia pseudomallei*</i>   |
| Meningitis, bacterial*  | <i>Neisseria meningitidis</i> isolated from a normally sterile site*, <u>including susceptibility results</u> , <i>Streptococcus pneumoniae</i> isolated from a normally sterile site, including susceptibility results, <i>Haemophilus influenzae</i> isolated                       |

|   |  |
|---|--|
|   | from a normally sterile site, <u>including susceptibility results</u>  |
| Meningococcal disease*  | <i>Neisseria meningitidis</i> , isolated from a normally sterile site, <u>including susceptibility results</u> * |
| Middle East Respiratory Syndrome (MERS)*  | MERS CoV*  |
| <u>Mpox (human monkeypox)</u>   | <u>MPXV Clade I and Clade II, non-variola Orthopoxvirus</u>  |
| Multisystem inflammatory syndrome in children (MIS-C)*  | SARS-CoV-2*  |
| Mumps   | Mumps virus  |
| Pertussis (whooping cough)  | <i>Bordetella pertussis</i>  |
| Plague*   | <i>Yersinia pestis</i> *   |
| Poliovirus infection, including poliomyelitis*  | Poliovirus*  |
| Powassan virus disease  | Powassan virus   |
| Psittacosis   | <i>Chlamydia psittaci</i>  |
| Q fever   | <i>Coxiella burnetii</i>   |
| Rabies, human* and animal* cases  | Rabies virus*  |
| Rabies postexposure prophylaxis in humans<br>Reporting form available at<br><a href="https://www.healthvermont.gov/HS_ID_RabiesPostexposureProphylaxisReportForm.pdf">HS ID RabiesPostexposureProphylaxisReportForm.pdf</a><br>(healthvermont.gov). | N/A  |
| Reye syndrome   | N/A  |
| Ricin toxicity  | Ricin toxin  |
| Rubella (German measles)*   | Rubella virus  |
| Rubella, congenital rubella syndrome  | Rubella virus  |
| <u>Salmonella Paratyphi infection*</u>  | <u>Salmonella enterica serotypes Paratyphi A, B [tartrate negative], and C [S. Paratyphi]*</u>                   |
| <i>Salmonella Typhi infection</i> *   | <i>Salmonella enterica serotype Typhi</i> *  |
| Salmonellosis   | <i>Salmonella</i> species (non-Typhi)  |
| Severe Acute Respiratory Syndrome (SARS)*   | SARS-CoV/SARS-associated virus*  |



|  |   |
|--|---|
| Shiga toxin-producing <i>E.coli</i> (STEC)                                   | Shiga toxin-producing <i>E.coli</i> (STEC) (including O157:H7)  |
| Shigellosis  | <i>Shigella</i> species   |
| Smallpox*  | Variola virus*  |
| Spotted fever group rickettsioses  | <i>Rickettsia</i> species   |
| <u>St. Louis encephalitis</u>  | <u>St. Louis encephalitis virus</u>   |
| Streptococcal disease, group A, invasive                                     | <i>Streptococcus pyogenes</i> (group A), isolated from a normally sterile site  |
| Streptococcal disease, group B invasive (infants less than one month of age) | <i>Streptococcus agalactiae</i> (group B), isolated from a normally sterile site (infants less than one month of age)   |
| <i>Streptococcus pneumoniae</i> disease, invasive                            | <i>Streptococcus pneumoniae</i> , isolated from a normally sterile site, including susceptibility results   |
| Syphilis   | <i>Treponema pallidum</i> and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative) |
| Tetanus  | <i>Clostridium tetani</i>   |
| Toxic shock syndrome   | N/A   |
| Trichinellosis   | <i>Trichinella</i> species  |
| Tuberculosis disease*  | <i>Mycobacterium tuberculosis</i> complex, <u>including susceptibility results, interferon gamma release assay (IGRA), tuberculin skin test (TST)</u>               |
| Tuberculosis infection, latent   | Interferon gamma release assay (IGRA), <u>tuberculin skin test (TST)</u>  |
| Tularemia*   | <i>Francisella tularensis</i> *   |
| Vaccinia (disease or adverse event)  | Vaccinia virus  |
| Varicella (chickenpox only)  | Varicella virus   |
| Vibriosis  | <i>Vibrio</i> species   |
| <u>Viral hemorrhagic fever*</u>  |   |

|                                  |   |
|----------------------------------|---|
| VRSA, VISA infection             | <i>Staphylococcus aureus</i> , vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results |
| West Nile virus illness          | West Nile virus   |
| Yellow fever                     | Yellow fever virus  |
| Yersiniosis                      | <i>Yersinia enterocolitica</i>  |
| Zika virus disease and infection | Zika virus  |

## **5.07.0 Reportable Laboratory Findings**

### **5.17.1 Content of the Laboratory Report**

5.1.17.1.1 The laboratory report of the conditions listed in Section 7.3, Table 2, shall include the following information as it relates to the affected person:

- 5.1.17.1.1.1 Patient name
- 5.1.17.1.1.2 Patient date of birth
- 5.1.17.1.1.3 Patient sex;
- 5.1.17.1.1.4 Patient race;
- 5.1.17.1.1.5 Patient ethnicity;
- 5.1.17.1.1.6 Patient address;
- 5.1.17.1.1.7 Patient telephone number;
- 5.1.17.1.1.8 Name of ordering health care provider/physician and NPI (as applicable);
- 5.1.17.1.1.9 Address of ordering health care provider/physician;
- 5.1.17.1.1.10 Telephone number of ordering provider/physician;
- 5.1.17.1.1.11 Accession number/specimen ID;
- 5.1.17.1.1.12 Specimen type(s), e.g., serum, swab, etc.;
- 5.1.17.1.1.13 Specimen source(s), e.g., cervix, throat, etc. (use national standardized codes);
- 5.1.17.1.1.14 Diagnostic test(s) performed (use national standardized codes);
- 5.1.17.1.1.15 Test results(s) (use national standardized codes);
- 5.1.17.1.1.16 Interpretation of result(s);
- 5.1.17.1.1.17 Date(s) of specimen collection;
- 5.1.17.1.1.18 Date test ordered;
- 5.1.17.1.1.19 Names of performing facility and CLIA number (if applicable); and

~~5.1.1.20~~ 7.1.1.20 Address of performing facility.

~~5.1.2~~ Reports shall include any additional information required by federal statute or rule.

~~5.1.37.1.2~~

## **7.2 How to Make a Report for Laboratory Findings**

7.2.1 Laboratories shall report to the Department through electronic laboratory reporting, in a manner approved by the Department. If electronic laboratory reporting is not available, the laboratory may substitute an alternate reporting method with permission from the Department.

7.2.2 If no positive reportable laboratory findings have been made during a given week, then a written report of “No reportable findings” shall be made. For laboratories with validated electronic laboratory reporting, a report of “No reportable findings” is not required.

7.2.3 Laboratories are required to report results to the Department irrespective of the required reporting of other parties listed under this rule.

## **7.3 Laboratory Findings Required to be Reported**

~~5.1.4~~ 7.3.1 All positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests of the following conditions, to include any rare infectious disease or one dangerous to public health, must be reported. Laboratory findings required to be reported, with negative, undetectable, or non-detectable results, will be specified in Table 2. For those diseases or laboratory reports indicated by a “\*” results shall be reported to the Department, by telephone, within 24 hours immediately):

**Table 2: Laboratory Findings Required to be Reported**

| Reportable Laboratory Findings   | Diseases, Syndromes, Treatments   |
|--|---|
| <i>Anaplasma phagocytophilum</i>   | Anaplasmosis  |
| <u>Arboviruses</u>   |   |
| <i>Babesia microti</i> , <i>Babesia divergens</i> , <i>Babesia duncani</i>                   | Babesiosis  |
| <i>Bacillus anthracis</i> *  | Anthrax*  |
| <u>Blastomyces species</u>   | <u>Blastomycosis</u>  |
| Blood lead levels (all results, including undetectable)                                      | N/A   |
| <i>Bordetella pertussis</i>  | Pertussis (whooping cough)  |
| <i>Borrelia burgdorferi</i>  | Lyme disease  |
| <i>Borrelia mayonii</i>  | Lyme disease  |
| <i>Borrelia miyamotoi</i>  | Hard tick relapsing fever   |
| <i>Brucella</i> species*   | Brucellosis*  |
| <i>Burkholderia mallei</i> *   | Glanders*   |
| <i>Burkholderia pseudomallei</i> *   | Melioidosis*  |
| <i>Campylobacter</i> species   | Campylobacteriosis  |
| <i>Candida auris</i>   | <i>Candida auris</i> illness  |
| Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB), including susceptibility results | Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB) infection/colonization |
| Carbapenem-resistant <i>Enterobacterales</i> (CRE), including susceptibility results         | Carbapenem-resistant <i>Enterobacterales</i> (CRE) infection/colonization         |
| Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA), including susceptibility results  | Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) infection/colonization  |
| CD4+ T-lymphocyte counts and percentages (all results)                                       | N/A   |
| <u>Chikungunya virus</u>   | <u>Chikungunya virus disease</u>  |

|   |   |
|---|---|
| <i>Chlamydia psittaci</i>   | Psittacosis   |
| <i>Chlamydia trachomatis</i>  | <i>Chlamydia trachomatis</i> infection                                |
| <i>Clostridium botulinum</i> *  | Botulism* <u>and infant botulism*</u>                                 |
| <i>Clostridium tetani</i>   | Tetanus   |
| <i>Corynebacterium diphtheriae</i> *  | Diphtheria*   |
| <i>Coxiella burnetii</i>  | Q fever   |
| <i>Cryptosporidium</i> species  | Cryptosporidiosis   |
| CSF findings (all positive results)   | N/A   |
| <i>Cyclospora cayetanensis</i>  | Cyclosporiasis  |
| Dengue virus  | Dengue  |
| Eastern equine encephalitis virus   | Eastern equine encephalitis   |
| <i>Ehrlichia chaffeensis</i> , <i>Ehrlichia ewingii</i> ,<br><i>Ehrlichia muris eauclairensis</i>   | Ehrlichiosis  |
| <i>Francisella tularensis</i> *   | Tularemia*  |
| <i>Haemophilus influenzae</i> , isolated from a normally sterile site*, <u>including susceptibility results</u>   | Invasive <i>Haemophilus influenzae</i> disease*, bacterial meningitis |
| Hantaviruses  | Hantavirus disease  |
| <del>Hemorrhagic fever viruses*</del>   |   |
| Hepatitis A virus (anti-HAV IgM)*   | Acute hepatitis A*  |
| Hepatitis B virus (HBsAg, anti-HBc IgM, HBeAg, HBV DNA)   | Hepatitis B (acute and chronic)                                       |
| Hepatitis C virus (positive antibody results and all positive <u>and non-detectable nucleic acid test results, including genotype</u> )   | Hepatitis C (acute and chronic)                                       |
| Hepatitis E virus (IgM anti-HEV)  | Hepatitis E   |
| Human immunodeficiency virus (HIV) including the following: <ul style="list-style-type: none"> <li>• HIV viral load measurement (including non-detectable results)</li> <li>• All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing</li> </ul> | HIV/AIDS  |

|   |  |
|---|--|
| Interferon gamma release assay (IGRA)   | Tuberculosis infection                                 |
| Jamestown Canyon virus  | Jamestown Canyon virus disease                         |
| <u>La Crosse virus</u>  | <u>La Crosse virus disease</u>                         |
| <i>Legionella</i> species   | Legionellosis  |
| <i>Leptospira</i> species   | Leptospirosis  |
| <i>Listeria monocytogenes</i>   | Listeriosis  |
| Measles virus*  | Measles (Rubeola)*                                     |
| MERS CoV*   | Middle East Respiratory Syndrome (MERS)*               |
| <u>MPXV Clade I and Clade II, non-variola Orthopoxvirus</u>   | <u>Mpox (human monkeypox)</u>                          |
| Mumps virus   | Mumps  |
| <i>Mycobacterium tuberculosis</i> complex, <u>including susceptibility results</u>                              | Tuberculosis (TB) disease*, latent TB infection        |
| <i>Neisseria gonorrhoeae</i>  | Gonorrhea  |
| <i>Neisseria meningitidis</i> , isolated from a normally sterile site*, <u>including susceptibility results</u> | Bacterial meningitis, meningococcal disease*           |
| <i>Plasmodium</i> species   | Malaria  |
| Poliovirus*   | Poliovirus infection, including poliomyelitis*         |
| Powassan virus  | Powassan virus disease                                 |
| Rabies virus*   | Rabies, human* and animal* cases                       |
| Ricin toxin   | Ricin toxicity   |
| <i>Rickettsia</i> species   | Spotted fever group rickettsioses                      |
| Rubella virus   | Rubella (German measles)*, congenital rubella syndrome |
| <i>Salmonella enterica</i> serotype Typhi*  | <i>Salmonella</i> Typhi infection*                     |
| <u><i>Salmonella enterica</i> serotypes Paratyphi A, B [tartrate negative], and C [<i>S. Paratyphi</i>]*</u>    | <u><i>Salmonella</i> Paratyphi infection*</u>          |
| <i>Salmonella</i> species (non-Typhi)   | Salmonellosis  |
| SARS-CoV/SARS-associated virus*   | Severe Acute Respiratory Syndrome (SARS)*              |
| SARS-CoV-2* ( <u>All results including positive, negative, and indeterminate</u> )                              | COVID-19*, <u>COVID-19-related pediatric deaths</u>    |

|   |   |
|---|---|
| <i>Shigella</i> species   | Shigellosis   |
| Shiga toxin-producing <i>E. coli</i> (STEC) (including O157:H7)   | Shiga toxin-producing <i>E. coli</i> (STEC)           |
| <u>St. Louis encephalitis virus</u>   | <u>St. Louis encephalitis</u>                         |
| <i>Staphylococcus aureus</i> , vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results                                     | VRSA, VISA infection                                  |
| <i>Streptococcus pyogenes</i> (group A), isolated from a normally sterile site  | Invasive group A streptococcal (GAS) disease          |
| <i>Streptococcus agalactiae</i> (group B), isolated from a normally sterile site (infants less than one month of age)   | Neonatal invasive group B streptococcal (GBS) disease |
| <i>Streptococcus pneumoniae</i> , isolated from a normally sterile site, including susceptibility results   | Invasive <i>Streptococcus pneumoniae</i> disease      |
| <i>Treponema pallidum</i> and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative) | Syphilis  |
| <i>Trichinella</i> species  | Trichinellosis  |
| <u>Tuberculin skin test (TST)</u>   | Tuberculosis infection                                |
| Vaccinia virus  | Vaccinia disease or vaccine adverse event             |
| Varicella virus   | Varicella (only chickenpox is reportable)             |
| Variola virus*  | Smallpox*   |
| <i>Vibrio cholerae</i> serogroups O1 or O139*   | Cholera*  |
| <i>Vibrio</i> species   | Vibriosis   |
| West Nile virus   | West Nile virus illness                               |
| Yellow fever virus  | Yellow fever  |
| <i>Yersinia enterocolitica</i>  | Yersiniosis   |
| <i>Yersinia pestis</i> *  | Plague*   |
| Zika virus  | Zika virus disease and infection                      |

## 7.3.2 Further Analysis and Typing

7.3.2.1 The Department of Health Laboratory will provide transport containers and instruction on how to submit specimens or isolates.

~~5.1.4.1~~7.3.2.2 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis, ~~or~~ typing, or storage if should the Department makes a request for further characterization be required:

~~5.1.4.1.1~~ Arboviruses

7.3.2.2.1 Bacillus anthracis;

7.3.2.2.2 Bacillus cereus, biovar anthracis;

~~5.1.4.1.2~~7.3.2.2.3 Brucella species;

~~5.1.4.1.3~~7.3.2.2.4 Burkholderia mallei;

~~5.1.4.1.4~~7.3.2.2.5 Burkholderia pseudomallei;

~~5.1.4.1.5~~7.3.2.2.6 Campylobacter species;

~~5.1.4.1.6~~7.3.2.2.7 Candida auris;

~~5.1.4.1.7~~7.3.2.2.8 Carbapenem-resistant Acinetobacter baumannii (CRAB);

~~5.1.4.1.8~~7.3.2.2.9 Carbapenem-resistant Enterobacteriaceae (CRE);

~~5.1.4.1.9~~7.3.2.2.10 Carbapenem-resistant Pseudomonas aeruginosa (CRPA);

~~5.1.4.1.10~~7.3.2.2.11 Clostridium botulinum;

7.3.2.2.12 Corynebacterium diphtheriae;

~~5.1.4.1.11~~7.3.2.2.13 Coxiella burnetii;

7.3.2.2.14 Cryptosporidium species;

~~5.1.4.1.12~~7.3.2.2.15 Eastern equine encephalitis virus;

~~5.1.4.1.13~~7.3.2.2.16 Francisella tularensis;

7.3.2.2.17 Haemophilus influenza, isolated from a normally sterile site;

7.3.2.2.18 Hantaviruses;

~~5.1.4.1.14~~7.3.2.2.19 Hemorrhagic fever viruses;

7.3.2.2.20 Influenza A, novel strains only;

~~5.1.4.1.15~~7.3.2.2.21 Jamestown Canyon virus;

7.3.2.2.22 La Crosse virus;

7.3.2.2.23 Legionella species;

~~5.1.4.1.16~~7.3.2.2.24 Leptospira species;



- 7.3.2.2.25 Listeria species;  
5.1.4.1.177.3.2.2.26 MERS-CoV;  
5.1.4.1.187.3.2.2.27 Mycobacterium tuberculosis;  
5.1.4.1.197.3.2.2.28 Neisseria meningitidis, isolated from a normally sterile site;  
5.1.4.1.207.3.2.2.29 Powassan virus;  
7.3.2.2.30 Ricin toxin;  
5.1.4.1.217.3.2.2.31 Salmonella species;  
5.1.4.1.227.3.2.2.32 SARS-CoV/SARS-associated virus;  
5.1.4.1.237.3.2.2.33 Shiga toxin-producing E. coli (STEC) (including O157:H7);  
5.1.4.1.247.3.2.2.34 Shigella species;  
7.3.2.2.35 St. Louis encephalitis virus;  
7.3.2.2.36 Streptococcus pyogenes (group A), isolated from a normally sterile site;  
7.3.2.2.37 Vibrio species;  
5.1.4.1.257.3.2.2.38 VISA (vancomycin-intermediate Staphylococcus aureus);  
5.1.4.1.267.3.2.2.39 VRSA (vancomycin-resistant Staphylococcus aureus);  
5.1.4.1.277.3.2.2.40 West Nile virus;  
7.3.2.2.41 Yersinia enterocolitica; and  
5.1.4.1.287.3.2.2.42 Yersinia pestis.

## 6-08.0 Pharmacist Reports

Pharmacists are required to report to the Department any recognized unusual or increased prescription requests, unusual types of prescriptions, or unusual trends in pharmacy visits that may result from bioterrorist acts, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a substantial risk of significant number of human fatalities or incidents of permanent or long-term disability within 24 hours of when they become aware of such an event.

## 7-09.0 Data from Vermont Health Information Exchange

7-19.1 The Vermont Health Information Exchange shall provide access to data to the Health Department related to communicable diseases in Vermont. These may include, but are not limited to, information for laboratory and case reporting, hospitalization data, and patient demographics.

**9.2** The Vermont Health Information Exchange shall provide the Health Department with access to records reported to the Exchange for electronic laboratory reporting, immunizations, and information related to communicable diseases in Vermont.

## **10.0 Prophylaxis for Eyes of Newborn**

### **Duties of Health Care Providers**

Prophylaxis for conjunctivitis of the newborn (ophthalmia neonatorum) shall be administered by a health care provider to all infants immediately after birth by the medical provider attending the birth.

## **11.0 Surveillance of Animal Diseases and Laboratory Findings**

### **11.1 Persons Required to Report**

11.1.1 The professionals listed below are required to report all diseases and laboratory findings listed in Section 11.5 to the Department. The following are required reporters of these diseases and laboratory findings:

11.1.1.1 Veterinarians;

11.1.1.2 Veterinary diagnostic laboratory directors; and

11.1.1.3 Biologists.

11.1.2 Required reporters listed in Section 11.1.1 shall report all suspected and confirmed diseases listed in Section 11.5.

11.1.3 Required reporters listed in Section 11.1.1 shall report all positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests listed in Section 11.5.

11.1.4 For those diseases or laboratory reports indicated by a “\*” results shall be reported immediately, by telephone, to the Department.

### **11.2 Additional Reporting Requirements for Animal Diseases and Laboratory Findings**

11.2.1 The following are additional reporting requirements that shall be reported to the Department, within 24 hours, following the requirements listed in Section 11.5, for the surveillance of any infectious agents, outbreaks, epidemics, related public health hazard, or act of bioterrorism:

11.2.1.1 Any single unusual occurrence of an animal disease of a major public health concern;

11.2.1.2 Any single unusual occurrence of a laboratory finding of a major public health concern;

~~7.1.1.1~~11.2.1.3 Any unexpected pattern or cluster of cases, suspected cases, or deaths from an animal disease or laboratory finding of a major public health concern; and

11.2.1.4 Any evidence or suspicion of terrorism, including intentional or threatened use of viruses, bacteria, fungi, toxins, chemicals, or radiologic material to produce malfunction, illness, or death in animals and/or humans. ~~shall be reported.~~

### 11.3 Content of the Report

11.3.1 Clinical report: The report of a clinical diagnosis or suspicion of the diseases listed in Section 11.5, or any unusual cluster of animal illnesses or deaths shall include as much of the following information as is available:

~~7.1.1.2~~11.3.1.1 Location or suspected location of the affected animal(s);

~~7.1.1.3~~11.3.1.2 Name of any known owner;

~~7.1.1.4~~11.3.1.3 Address of any known owner;

~~7.1.1.5~~11.3.1.4 Name of reporting individual;

~~7.1.1.6~~11.3.1.5 Address of reporting individual;

~~7.1.1.7~~11.3.1.6 Name of disease or suspected disease being reported;

~~7.1.1.8~~11.3.1.7 Type of animal(s) affected;

~~7.1.1.9~~11.3.1.8 Number of animal(s) affected; ~~and~~

11.3.1.9 Date of confirmation of disease or onset of clinical signs;

11.3.1.10 Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;

11.3.1.11 Laboratory and diagnostic results relevant to the disease or syndrome, if requested; and

~~7.1.1.10~~11.3.1.12 Any other information deemed pertinent by the reporter.

~~7.1.2~~11.3.2 Laboratory report: The report of positive, non-negative, presumptive, or confirmed, isolation, ~~or~~ detection or positive, ~~presumptive or confirmed~~, serological results shall include as much of the following information as is available:

~~7.1.2.1~~11.3.2.1 Name of any known owner;

~~7.1.2.2~~11.3.2.2 Address of any known owner;

~~7.1.2.3~~11.3.2.3 Name of person who submitted specimen;

- ~~7.1.2.4~~11.3.2.4 Address of person who submitted specimen;
- ~~7.1.2.5~~11.3.2.5 Name of test;
- ~~7.1.2.6~~11.3.2.6 Result of test;
- ~~7.1.2.7~~11.3.2.7 Date submitted;
- ~~7.1.2.8~~11.3.2.8 Date of positive test result;
- ~~7.1.2.9~~11.3.2.9 Specimen type (e.g. swab); and
- ~~7.1.2.10~~11.3.2.10 Specimen source (e.g. skin, mouth).

~~7.1.3~~11.3.3 Laboratories are required to report the result to the Department irrespective of the required reporting of other parties listed under this rule.

#### 7.211.4 How to Make a Report for Animal Disease and Laboratory Finding

11.4.1 The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department w-of Health within 24 hours, unless denoted with an asterisk (\*).

~~7.2.1~~11.4.2 Diseases and laboratory findings, denoted with an asterisk (\*), shall be reported to the Department immediately, by telephone.

#### 11.5 Animal Diseases and Laboratory Findings Required to be Reported

11.5.1 The professionals listed in Section 11.1.1 ~~Veterinarians, veterinary diagnostic laboratory directors~~ shall report to the Department within 24 hours of the time when they become aware of clinical or laboratory diagnosis, ~~or~~ suspicion of any rare infectious disease in animals that might pose a risk to a significant number of human and animal fatalities, or incidents of permanent or long-term disability. ~~including the following:~~ For those diseases or laboratory reports indicated by a “\*” results shall be reported to the Department immediately, by telephone.

~~7.2.1.1.1~~—Anthrax (*Bacillus anthracis*)\* ;

11.5.1.1

~~7.2.1.2~~ Arboviral infection; ~~eastern equine encephalitis, Venezuelan equine encephalitis, western equine encephalitis, West Nile virus~~

11.5.1.2

~~7.2.1.3~~ Avian Chlamydiosis (~~Psittacosis, Ornithosis~~ *Chlamydia psittaci*);

11.5.1.3

~~7.2.1.4~~ Bovine spongiform encephalopathy

~~7.2.1.5~~ Brucellosis (*Brucella* species);

11.5.1.4

~~7.2.1.6~~ Glanders (*Burkholderia mallei*)\*;

11.5.1.5

7.2.1.7 Hantavirus;

11.5.1.6

7.2.1.8 Highly pathogenic avian influenza

~~Melioidosis (*Burkholderia pseudomallei*)~~

7.2.1.9 Mpox;

11.5.1.7

7.2.1.10 ~~Mycobacterium tuberculosis complex;~~

11.5.1.8

7.2.1.11 ~~Novel influenza (avian, swine);~~

11.5.1.9

7.2.1.12 ~~Plague (*Yersinia pestis*)\*;~~

11.5.1.10

7.2.1.13 ~~Q Fever (*Coxiella burnetii*);~~

11.5.1.11

~~Rabies\*;~~ Ricin toxin (from *Ricinus communis* (castor beans))

11.5.1.12

7.2.1.14 ~~SARS-CoV-2 infection; and~~

11.5.1.13

7.2.1.15 11.5.1.14 Tularemia (*Francisella tularensis*)\*.

~~Viral hemorrhagic fevers\* (filoviruses [e.g., Ebola, Marburg] and  
arenaviruses [e.g., Lassa, Machupo])~~

## 8.012.0 Rabies Control

8.112.1 Reporting of Animal Bite Reports: The Reporting form to report an animal bite  
is available at [www.healthvermont.gov](http://www.healthvermont.gov).

### 8.112.1.1 Physician Report Responsibilities

ing

8.112.1.1.1 Physicians shall report to the local health officer the full name, age and address of any person known to have been bitten by an animal of a species subject to rabies within 24 hours of actual or constructive notice.

8.1.2.12.1.2 **Reporting Responsibilities When There is No Physician in Attendance Minors and Adults; No Attending Physician**

8.1.2.12.1.2.1 **Minors:** If no physician is in attendance and the person bitten is under 18 years of age, the parent or guardian shall make such report within 24 hours of actual or constructive notice to the local town health officer.

8.1.2.12.1.2.2 **Adults:** If no physician is in attendance and the person bitten is an adult, the person shall report, or cause to be reported, such information to the local town health officer.

**8.2.12.2 Control Methods in Domestic and Confined Animals**

8.2.12.2.1 **Post exposure management:-** Any animal bitten or scratched by a wild mammal not available for testing shall be regarded as having been exposed to rabies.

8.2.1.12.2.1.1 **Dogs, Cats and Ferrets:-** When an unvaccinated dog, cat or ferret is exposed to a rabid animal the Department may order that the exposed animal be euthanized immediately or be placed in strict isolation for 4 (dogs and cats) or 6 (ferrets) months. A rabies vaccine ~~should~~shall be administered immediately. Dogs, cats, and ferrets that are currently vaccinated shall be revaccinated immediately, kept under the owner's control, and observed for 45 days. Animals overdue for a booster vaccination need to be evaluated on a case-by-case basis.

8.2.1.2.2.1.2 **Other Animals:-** Other animals exposed to rabies should be evaluated on a case-by-case basis.

8.2.2.12.2.2 **Management of Animals that Bite Humans**

8.2.2.12.2.2.1 **The local health officer shall cause an apparently healthy dog, cat or ferret, regardless of vaccinations status, that bites a person to be confined and observed for 10 days.**

8.2.2.2.12.2.2.2 **A rabies vaccine should not be administered during the observation period and such animals must be evaluated by a veterinarian at the first sign of illness during confinement. Any illness in the animal must be reported immediately to the local health officer.**

~~8.2.2.3~~12.2.2.3 If clinical signs consistent with rabies develop, the animal must be euthanized immediately, its head removed, and the head shipped under refrigeration for examination by the state Health Department laboratory.

~~8.2.2.4~~12.2.2.4 Other animals, which may have bitten and exposed a person to rabies, shall be reported within 24 hours to the local health officer. Prior vaccinations of an animal may not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species. Management of animals other than dogs, cats or ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, and the biting animal's history, current health status, and potential for exposure to rabies.

### **8.312.3 Removal of Animal**

~~8.3.1~~12.3.1A confined animal being observed for signs of rabies shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the local health officer from whose district such animal is to be removed and the permission of the health officer to whose jurisdiction such animal is to be transferred.

~~8.3.2~~12.3.2 The former shall give permission only after securing the consent of the local health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to another state, they shall give permission only after securing the consent of the Commissioner.

~~8.3.3~~12.3.3 Such removal shall be private conveyance, in charge of a responsible person and conducted in such manner as to prevent the escape of the animal or its coming in contact with other animals or persons.

## **12.4 Laboratory Specimens**

~~8.3.4~~12.4.1 ÷ Whenever any animal that has or is suspected of having rabies dies or is killed, it shall be the duty of the local health officer to ensure the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner. The local health officer shall notify the health department of the specimen's intended arrival.

## **12.5 Destruction of Animals, Subject to Rabies; Precautions**

~~8.3.5~~12.5.1 ÷ Whenever an animal subject to rabies is brought to a veterinarian to be destroyed, an attempt shall be made by the veterinarian to ascertain that the animal has not bitten any person within the previous ten-day period; before destroying the animal, they shall require the owner to sign a statement to this effect, and they shall not destroy any animal which has bitten a person within ten days. The health officer must be notified by the veterinarian of any such biting incident. If a biting animal is euthanized within ten days of the bite, the veterinarian shall consult with the Department and cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner.



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**Chapter 4 – Health Surveillance and Infectious Disease**  
**Subchapter 1**

**Reportable and Communicable Diseases Rule**

**1.0 Authority**

These regulations are pursuant to 18 V.S.A. §§ 102 and 1001, 3 V.S.A. §3003(b), 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).

**2.0 Purpose**

The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action.

**3.0 Definitions**

**3.1** “Commissioner” means the Commissioner of Health.

**3.2** “Communicable disease” or “communicable syndrome” means an illness due to the infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal, host, or vector, or through the inanimate environment.

**3.3** “Department” means the Vermont Department of Health.

**3.4** “Electronic laboratory reporting” means the transmission of a reportable laboratory finding and associated required report elements from the reporting entity to the Department in a structured format, including but not limited to HL7 messaging, flat file, and web-based entry.

**3.5** “Laboratory” means a facility performing testing that identifies a reportable finding as defined in this rule, including but not limited to point-of-care testing, in-clinic testing, hospital laboratory testing, and reference laboratory testing.

**3.6** “Subject species” means any mammal species which may carry and potentially serve as a reservoir species for rabies including but not limited to raccoons, foxes, bats, skunks, woodchucks, and domestic animals.

## **4.0 Confidentiality Requirements**

**4.1** Any person or entity required to report under this rule must have written policies and procedures in place that ensure the confidentiality of the records. Such policies and procedures must, at a minimum, include the following:

4.1.1 Identification of those positions/individuals who are authorized to have access to confidential disease-reporting information and the limits placed upon their access;

4.1.2 A mechanism to assure that the confidentiality policies and procedures are understood by affected staff;

4.1.3 A process for training staff in the confidential handling of records;

4.1.4 A quality assurance plan to monitor compliance and to institute corrective action when necessary;

4.1.5 A process for the confidential handling of all electronically-stored records;

4.1.6 A process for authorizing the release of confidential records; and

4.1.7 Provision for annual review and revision of confidentiality policies and procedures.

**4.2** In relation to the reporting of HIV and AIDS, the Department shall maintain the following:

4.2.1 Procedures for ensuring the physical security of reports, including procedures for personnel training and responsibilities for handling physical reports and data;

4.2.2 Computer security procedures;

4.2.3 Communication procedures;

4.2.4 Procedures for the legal release of data; and

4.2.5 Procedures to ensure that a disclosure of information from the confidential public health record is made consistent with 18 V.S.A. § 1001(b).

## **5.0 Reporting Requirements for Both Diseases and Laboratory Findings**

### **5.1 Persons Required to Report Reportable Diseases and Laboratory Findings**

5.1.1 The professionals listed below are required to report all diseases and laboratory findings, listed in Section 6.3 and Section 7.3, to the Department of Health. Professionals employed at nonmedical community-based organizations are exempt from these requirements. The following are required reporters:

- 5.1.1.1 Infection preventionists;
- 5.1.1.2 Laboratory directors;
- 5.1.1.3 Nurse practitioners;
- 5.1.1.4 Nurses;
- 5.1.1.5 Physician assistants;
- 5.1.1.6 Physicians;
- 5.1.1.7 School health officials;
- 5.1.1.8 Administrators of long-term care and assisted living facilities;
- 5.1.1.9 Pharmacists; and
- 5.1.1.10 Any other health care provider, as defined by 18 V.S.A § 9402.

5.1.2 Required reporters listed in Section 5.1.1 shall report all suspected and confirmed diseases listed in Section 6.3, Table 1: Diseases, Syndromes, and Treatments Required to be Reported (Table 1), and in Section 7.3, Table 2: Laboratory Findings Required to be Reported (Table 2), unless otherwise specified in Table 1 and Table 2.

5.1.3 Required reporters listed in Section 5.1.1 shall report all positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests listed in Table 1 and Table 2, unless otherwise specified in Table 1 and Table 2.

5.1.4 For those diseases or laboratory reports indicated by a “\*” results shall be reported immediately, by telephone, to the Department.

### **5.2 Additional Reporting Requirements for Diseases and Laboratory Findings**

5.2.1 The following are additional reporting requirements that shall be reported to the Department, within 24 hours, following the requirements listed in Section 6.1 and Section 7.1, for the surveillance of any infectious agents, outbreaks, epidemics, related public health hazard, or act of bioterrorism:

- 5.2.1.1 Any single unusual occurrence of a communicable disease of a major public health concern;

- 5.2.1.2 Any single unusual occurrence of a laboratory finding of a major public health concern; or
- 5.2.1.3 Any unexpected pattern or cluster of cases, suspected cases, or deaths from a disease or laboratory finding of a major public health concern.

## **6.0 Communicable Disease Reports**

### **6.1 Content of Report**

- 6.1.1 The report of communicable diseases, and other dangerous and rare infectious diseases listed in Section 6.3, Table 1, shall include the following information as it relates to the affected person:
  - 6.1.1.1 Name;
  - 6.1.1.2 Date of birth;
  - 6.1.1.3 Age;
  - 6.1.1.4 Sex;
  - 6.1.1.5 Race;
  - 6.1.1.6 Ethnicity;
  - 6.1.1.7 Address;
  - 6.1.1.8 Telephone number;
  - 6.1.1.9 Name of health care provider/physician;
  - 6.1.1.10 Address of health care provider/physician;
  - 6.1.1.11 Name of disease being reported;
  - 6.1.1.12 Date of onset of the disease;
  - 6.1.1.13 Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;
  - 6.1.1.14 Laboratory and diagnostic results relevant to the disease or syndrome, if requested; and
  - 6.1.1.15 Any other information deemed pertinent by the reporter.

### **6.2 How to Make a Report for Disease Reporting**

- 6.2.1 The report shall be made by telephone, in writing, or electronically within 24 hours to the Department, unless denoted by an asterisk (\*).
- 6.2.2 Diseases, syndromes, and treatments listed in Table 1, denoted with an asterisk (\*), shall be reported to the Department immediately, by telephone.
- 6.2.3 HIV and AIDS reports shall be made on the Adult HIV/AIDS Confidential Case Report Form or the Pediatric HIV/AIDS Confidential Case Report Form, as appropriate.

### 6.3 Diseases, Syndromes, and Treatments Required to be Reported

6.3.1 Table 1 is a list of all reportable diseases, syndromes, and treatments. For those diseases or laboratory reports indicated by a “\*” results shall be reported to the Department immediately, by telephone:

| <b>Table 1: Diseases, Syndromes, and Treatments Required to be Reported</b>   |  |
|---|--|
| <b>Diseases, Syndromes, and Treatments</b>  | <b>Reportable Laboratory Findings</b>  |
| Anaplasmosis  | <i>Anaplasma phagocytophilum</i>   |
| Animal bites are reportable to Town Health Officers only per Section 12.0 of this rule. Reporting form available at <a href="https://www.healthvermont.gov/HS_ID_TownHealthOfficerAnimalBiteReportForm.pdf">HS ID TownHealthOfficerAnimalBiteReportForm.pdf (healthvermont.gov)</a> . | N/A  |
| Anthrax*  | <i>Bacillus anthracis</i> *  |
| Babesiosis  | <i>Babesia microti</i> , <i>Babesia divergens</i> , <i>Babesia duncani</i>                   |
| Blastomycosis   | <i>Blastomyces</i> species   |
| Blood lead levels   | All results, including undetectable  |
| Botulism*   | <i>Clostridium botulinum</i> *   |
| Brucellosis*  | <i>Brucella</i> species*   |
| Campylobacteriosis  | <i>Campylobacter</i> species   |
| <i>Candida auris</i> illness  | <i>Candida auris</i>   |
| Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB) infection/colonization   | Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB), including susceptibility results |
| Carbapenem-resistant <i>Enterobacterales</i> (CRE) infection/colonization   | Carbapenem-resistant <i>Enterobacterales</i> (CRE), including susceptibility results         |
| Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) infection/colonization  | Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA), including susceptibility results  |

|   |  |
|---|--|
| Chikungunya virus disease   | Chikungunya virus  |
| <i>Chlamydia trachomatis</i> infection                              | <i>Chlamydia trachomatis</i>   |
| Cholera*  | <i>Vibrio cholerae</i> serogroups O1 or O139*  |
| COVID-19  | SARS-CoV-2   |
| COVID-19-related pediatric deaths                                   | SARS-CoV-2   |
| Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies | N/A  |
| Cryptosporidiosis   | <i>Cryptosporidium</i> species   |
| Cyclosporiasis  | <i>Cyclospora cayetanensis</i>   |
| Dengue  | Dengue virus   |
| Diphtheria*   | <i>Corynebacterium diphtheriae</i> *   |
| Eastern equine encephalitis   | Eastern equine encephalitis virus  |
| Ehrlichiosis  | <i>Ehrlichia chaffeensis</i> , <i>Ehrlichia ewingii</i> , <i>Ehrlichia muris eauclairensis</i>           |
| Encephalitis  | N/A  |
| Glanders*   | <i>Burkholderia mallei</i> *   |
| Gonorrhea   | <i>Neisseria gonorrhoeae</i>   |
| <i>Haemophilus influenzae</i> disease, invasive*                    | <i>Haemophilus influenzae</i> , isolated from a normally sterile site, including susceptibility results* |
| Hantavirus disease  | Hantaviruses   |
| Hard tick relapsing fever   | <i>Borrelia miyamotoi</i>  |
| Hemolytic uremic syndrome (HUS)                                     | N/A  |
| Hepatitis A (acute)*  | Hepatitis A virus (anti-HAV IgM)*  |
| Hepatitis B   | Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)   |
| Hepatitis B, positive surface antigen in a pregnant person          | Hepatitis B virus (HbsAg)  |

|   |  |
|---|--|
| Hepatitis C   | Positive hepatitis C antibody results and all positive and non-detectable nucleic acid test results, including genotype  |
| Hepatitis E   | Hepatitis E virus (IgM anti-HEV)   |
| Human immunodeficiency virus (HIV) infection/AIDS   | Human immunodeficiency virus (HIV) including the following: <ul style="list-style-type: none"> <li>HIV viral load measurement (including non-detectable results)</li> </ul> All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing   |
| Infant botulism*  | <i>Clostridium botulinum</i> *   |
| Influenza: Report<br>- Individual cases of influenza only if due to a novel strain of Influenza A*<br>- Pediatric influenza-related deaths<br>- Institutional outbreaks | <ul style="list-style-type: none"> <li>N/A (except for novel influenza A)</li> </ul>   |
| Jamestown Canyon virus disease  | Jamestown Canyon virus   |
| La Crosse virus disease   | La Crosse virus  |
| Legionellosis   | <i>Legionella</i> species  |
| Leptospirosis   | <i>Leptospira</i> species  |
| Listeriosis   | <i>Listeria monocytogenes</i>  |
| Lyme disease  | <i>Borrelia burgdorferi</i> , <i>Borrelia mayonii</i>  |
| Malaria   | <i>Plasmodium</i> species  |
| Measles (Rubeola)*  | Measles virus*   |
| Melioidosis*  | <i>Burkholderia pseudomallei</i> *   |
| Meningitis, bacterial*  | <i>Neisseria meningitidis</i> isolated from a normally sterile site*, including susceptibility results, <i>Streptococcus pneumoniae</i> isolated from a normally sterile site, including susceptibility results, <i>Haemophilus influenzae</i> isolated from a normally sterile site, including susceptibility results |

|   |   |
|---|---|
| Meningococcal disease*  | <i>Neisseria meningitidis</i> , isolated from a normally sterile site, including susceptibility results * |
| Middle East Respiratory Syndrome (MERS)*  | MERS CoV*   |
| Mpox (human monkeypox)  | MPXV Clade I and Clade II, non-variola <i>Orthopoxvirus</i>   |
| Multisystem inflammatory syndrome in children (MIS-C)   | SARS-CoV-2  |
| Mumps   | Mumps virus   |
| Pertussis (whooping cough)  | <i>Bordetella pertussis</i>   |
| Plague*   | <i>Yersinia pestis</i> *  |
| Poliovirus infection, including poliomyelitis*  | Poliovirus*   |
| Powassan virus disease  | Powassan virus  |
| Psittacosis   | <i>Chlamydia psittaci</i>   |
| Q fever   | <i>Coxiella burnetii</i>  |
| Rabies, human* and animal* cases  | Rabies virus*   |
| Rabies postexposure prophylaxis in humans<br>Reporting form available at<br><a href="https://www.healthvermont.gov/HS_ID_RabiesPostexposureProphylaxisReportForm.pdf">HS ID RabiesPostexposureProphylaxisReportForm.pdf</a><br>( <a href="https://www.healthvermont.gov">healthvermont.gov</a> ). | N/A   |
| Reye syndrome   | N/A   |
| Ricin toxicity  | Ricin toxin   |
| Rubella (German measles)*   | Rubella virus   |
| Rubella, congenital rubella syndrome  | Rubella virus   |
| <i>Salmonella</i> Paratyphi infection*  | <i>Salmonella enterica</i> serotypes Paratyphi A, B [tartrate negative], and C [ <i>S. Paratyphi</i> ]*   |
| <i>Salmonella Typhi</i> infection*  | <i>Salmonella enterica</i> serotype <i>Typhi</i> *  |



|  |   |
|--|---|
| Salmonellosis  | <i>Salmonella</i> species (non-Typhi)   |
| Severe Acute Respiratory Syndrome (SARS)*                                    | SARS-CoV/SARS-associated virus*   |
| Shiga toxin-producing <i>E.coli</i> (STEC)                                   | Shiga toxin-producing <i>E.coli</i> (STEC) (including O157:H7)  |
| Shigellosis  | <i>Shigella</i> species   |
| Smallpox*  | Variola virus*  |
| Spotted fever group rickettsioses  | <i>Rickettsia</i> species   |
| St. Louis encephalitis   | St. Louis encephalitis virus  |
| Streptococcal disease, group A, invasive                                     | <i>Streptococcus pyogenes</i> (group A), isolated from a normally sterile site  |
| Streptococcal disease, group B invasive (infants less than one month of age) | <i>Streptococcus agalactiae</i> (group B), isolated from a normally sterile site (infants less than one month of age)   |
| <i>Streptococcus pneumoniae</i> disease, invasive                            | <i>Streptococcus pneumoniae</i> , isolated from a normally sterile site, including susceptibility results   |
| Syphilis   | <i>Treponema pallidum</i> and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative) |
| Tetanus  | <i>Clostridium tetani</i>   |
| Toxic shock syndrome   | N/A   |
| Trichinellosis   | <i>Trichinella</i> species  |
| Tuberculosis disease*  | <i>Mycobacterium tuberculosis</i> complex, including susceptibility results, interferon gamma release assay (IGRA), tuberculin skin test (TST)                      |
| Tuberculosis infection, latent   | Interferon gamma release assay (IGRA), tuberculin skin test (TST)   |

|                                     |   |
|-------------------------------------|---|
| Tularemia*                          | <i>Francisella tularensis</i> *   |
| Vaccinia (disease or adverse event) | Vaccinia virus  |
| Varicella (chickenpox only)         | Varicella virus   |
| Vibriosis                           | <i>Vibrio</i> species   |
| VRSA, VISA infection                | <i>Staphylococcus aureus</i> , vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results |
| West Nile virus illness             | West Nile virus   |
| Yellow fever                        | Yellow fever virus  |
| Yersiniosis                         | <i>Yersinia enterocolitica</i>  |
| Zika virus disease and infection    | Zika virus  |

## 7.0 Reportable Laboratory Findings

### 7.1 Content of the Laboratory Report

7.1.1 The laboratory report of the conditions listed in Section 7.3, Table 2, shall include the following information as it relates to the affected person:

- 7.1.1.1 Patient name
- 7.1.1.2 Patient date of birth
- 7.1.1.3 Patient sex;
- 7.1.1.4 Patient race;
- 7.1.1.5 Patient ethnicity;
- 7.1.1.6 Patient address;
- 7.1.1.7 Patient telephone number;
- 7.1.1.8 Name of ordering health care provider/physician and NPI (as applicable);
- 7.1.1.9 Address of ordering health care provider/physician;
- 7.1.1.10 Telephone number of ordering provider/physician;
- 7.1.1.11 Accession number/specimen ID;
- 7.1.1.12 Specimen type(s), e.g., serum, swab, etc.;

- 7.1.1.13 Specimen source(s), e.g., cervix, throat, etc. (use national standardized codes);
- 7.1.1.14 Diagnostic test(s) performed (use national standardized codes);
- 7.1.1.15 Test results(s) (use national standardized codes);
- 7.1.1.16 Interpretation of result(s);
- 7.1.1.17 Date(s) of specimen collection;
- 7.1.1.18 Date test ordered;
- 7.1.1.19 Names of performing facility and CLIA number (if applicable); and
- 7.1.1.20 Address of performing facility.

7.1.2 Reports shall include any additional information required by federal statute or rule.

## **7.2 How to Make a Report for Laboratory Findings**

- 7.2.1 Laboratories shall report to the Department through electronic laboratory reporting, in a manner approved by the Department. If electronic laboratory reporting is not available, the laboratory may substitute an alternate reporting method with permission from the Department.
- 7.2.2 If no positive reportable laboratory findings have been made during a given week, then a written report of “No reportable findings” shall be made. For laboratories with validated electronic laboratory reporting, a report of “No reportable findings” is not required.
- 7.2.3 Laboratories are required to report results to the Department irrespective of the required reporting of other parties listed under this rule.

## **7.3 Laboratory Findings Required to be Reported**

- 7.3.1 All positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests of the following conditions, to include any rare infectious disease or one dangerous to public health, must be reported. Laboratory findings required to be reported with negative, undetectable, or non-detectable results, are specified in Table 2. For those diseases or laboratory reports indicated by a “\*” results shall be reported to the Department, by telephone, immediately):

| <b>Table 2: Laboratory Findings Required to be Reported</b>                                  |   |
|--|---|
| <b>Reportable Laboratory Findings</b>  | <b>Diseases, Syndromes, Treatments</b>  |
| <i>Anaplasma phagocytophilum</i>   | Anaplasmosis  |
| <i>Babesia microti, Babesia divergens, Babesia duncani</i>                                   | Babesiosis  |
| <i>Bacillus anthracis</i> *  | Anthrax*  |
| <i>Blastomyces</i> species   | Blastomycosis   |
| Blood lead levels (all results, including undetectable)                                      | N/A   |
| <i>Bordetella pertussis</i>  | Pertussis (whooping cough)  |
| <i>Borrelia burgdorferi</i>  | Lyme disease  |
| <i>Borrelia mayonii</i>  | Lyme disease  |
| <i>Borrelia miyamotoi</i>  | Hard tick relapsing fever   |
| <i>Brucella</i> species*   | Brucellosis*  |
| <i>Burkholderia mallei</i> *   | Glanders*   |
| <i>Burkholderia pseudomallei</i> *   | Melioidosis*  |
| <i>Campylobacter</i> species   | Campylobacteriosis  |
| <i>Candida auris</i>   | <i>Candida auris</i> illness  |
| Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB), including susceptibility results | Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB) infection/colonization |
| Carbapenem-resistant <i>Enterobacterales</i> (CRE), including susceptibility results         | Carbapenem-resistant <i>Enterobacterales</i> (CRE) infection/colonization         |

|   |  |
|---|--|
| Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA), including susceptibility results                                     | Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) infection/colonization |
| CD4+ T-lymphocyte counts and percentages (all results)  | N/A  |
| Chikungunya virus   | Chikungunya virus disease  |
| <i>Chlamydia psittaci</i>   | Psittacosis  |
| <i>Chlamydia trachomatis</i>  | <i>Chlamydia trachomatis</i> infection   |
| <i>Clostridium botulinum</i> *  | Botulism* and infant botulism*   |
| <i>Clostridium tetani</i>   | Tetanus  |
| <i>Corynebacterium diphtheriae</i> *  | Diphtheria*  |
| <i>Coxiella burnetii</i>  | Q fever  |
| <i>Cryptosporidium</i> species  | Cryptosporidiosis  |
| CSF findings (all positive results)   | N/A  |
| <i>Cyclospora cayetanensis</i>  | Cyclosporiasis   |
| Dengue virus  | Dengue   |
| Eastern equine encephalitis virus   | Eastern equine encephalitis  |
| <i>Ehrlichia chaffeensis</i> , <i>Ehrlichia ewingii</i> , <i>Ehrlichia muris eauclairensis</i>                                  | Ehrlichiosis   |
| <i>Francisella tularensis</i> *   | Tularemia*   |
| <i>Haemophilus influenzae</i> , isolated from a normally sterile site*, including susceptibility results                        | Invasive <i>Haemophilus influenzae</i> disease*, bacterial meningitis            |
| Hantaviruses  | Hantavirus disease   |
| Hepatitis A virus (anti-HAV IgM)*   | Acute hepatitis A*   |
| Hepatitis B virus (HBsAg, anti-HBc IgM, HBeAg, HBV DNA)   | Hepatitis B (acute and chronic)  |
| Hepatitis C virus (positive antibody results and all positive and non-detectable nucleic acid test results, including genotype) | Hepatitis C (acute and chronic)  |
| Hepatitis E virus (IgM anti-HEV)  | Hepatitis E  |

|   |  |
|---|--|
| Human immunodeficiency virus (HIV) including the following:<br><ul style="list-style-type: none"> <li>HIV viral load measurement (including non-detectable results)</li> </ul> All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing | HIV/AIDS   |
| Interferon gamma release assay (IGRA)   | Tuberculosis infection                               |
| <ul style="list-style-type: none"> <li>Jamestown Canyon virus</li> </ul>  | Jamestown Canyon virus disease                       |
| La Crosse virus   | La Crosse virus disease                              |
| <i>Legionella</i> species   | Legionellosis  |
| <i>Leptospira</i> species   | Leptospirosis  |
| <i>Listeria monocytogenes</i>   | Listeriosis  |
| Measles virus*  | Measles (Rubeola)*                                   |
| MERS CoV*   | Middle East Respiratory Syndrome (MERS)*             |
| MPXV Clade I and Clade II, non-variola <i>Orthopoxvirus</i>   | Mpox (human monkeypox)                               |
| Mumps virus   | Mumps  |
| <i>Mycobacterium tuberculosis</i> complex, including susceptibility results   | Tuberculosis (TB) disease*, latent TB infection      |
| <i>Neisseria gonorrhoeae</i>  | Gonorrhea  |
| <i>Neisseria meningitidis</i> , isolated from a normally sterile site*, including susceptibility results  | Bacterial meningitis, meningococcal disease*         |
| <i>Plasmodium</i> species   | Malaria  |
| Poliovirus*   | Poliovirus infection, including poliomyelitis*       |
| Powassan virus  | Powassan virus disease                               |
| Rabies virus*   | Rabies, human* and animal* cases                     |
| Ricin toxin   | Ricin toxicity                                       |
| <i>Rickettsia</i> species   | Spotted fever group rickettsioses                    |
| Rubella virus   | Rubella (German measles) congenital rubella syndrome |
| <i>Salmonella enterica</i> serotype Typhi*  | <i>Salmonella</i> Typhi infection*                   |

|   |   |
|---|---|
| <i>Salmonella enterica</i> serotypes Paratyphi A, B [tartrate negative], and C [ <i>S. Paratyphi</i> ]*   | <i>Salmonella</i> Paratyphi infection*                |
| <i>Salmonella</i> species (non-Typhi)   | Salmonellosis   |
| SARS-CoV/SARS-associated virus*   | Severe Acute Respiratory Syndrome (SARS)*             |
| SARS-CoV-2  | COVID-19, COVID-19-related pediatric deaths           |
| <i>Shigella</i> species   | Shigellosis   |
| Shiga toxin-producing <i>E. coli</i> (STEC) (including O157:H7)   | Shiga toxin-producing <i>E. coli</i> (STEC)           |
| St. Louis encephalitis virus  | St. Louis encephalitis                                |
| <i>Staphylococcus aureus</i> , vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results                                     | VRSA, VISA infection                                  |
| <i>Streptococcus pyogenes</i> (group A), isolated from a normally sterile site  | Invasive group A streptococcal (GAS) disease          |
| <i>Streptococcus agalactiae</i> (group B), isolated from a normally sterile site (infants less than one month of age)   | Neonatal invasive group B streptococcal (GBS) disease |
| <i>Streptococcus pneumoniae</i> , isolated from a normally sterile site, including susceptibility results   | Invasive <i>Streptococcus pneumoniae</i> disease      |
| <i>Treponema pallidum</i> and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative) | Syphilis  |
| <i>Trichinella</i> species  | Trichinellosis  |
| Tuberculin skin test (TST)  | Tuberculosis infection                                |
| Vaccinia virus  | Vaccinia disease or vaccine adverse event             |
| Varicella virus   | Varicella (only chickenpox is reportable)             |
| Variola virus*  | Smallpox*   |
| <i>Vibrio cholerae</i> serogroups O1 or O139*   | Cholera*  |
| <i>Vibrio</i> species   | Vibriosis   |
| West Nile virus   | West Nile virus illness                               |

|                                |                                  |
|--------------------------------|----------------------------------|
| Yellow fever virus             | Yellow fever                     |
| <i>Yersinia enterocolitica</i> | Yersiniosis                      |
| <i>Yersinia pestis</i> *       | Plague*                          |
| Zika virus                     | Zika virus disease and infection |

### 7.3.2 Further Analysis and Typing

7.3.2.1 The Department of Health Laboratory will provide transport containers and instruction on how to submit specimens or isolates.

7.3.2.2 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis, typing, or storage if the Department makes a request for further characterization:

- 7.3.2.2.1 *Bacillus anthracis*;
- 7.3.2.2.2 *Bacillus cereus*, biovar anthracis;
- 7.3.2.2.3 *Brucella* species;
- 7.3.2.2.4 *Burkholderia mallei*;
- 7.3.2.2.5 *Burkholderia pseudomallei*;
- 7.3.2.2.6 *Campylobacter* species;
- 7.3.2.2.7 *Candida auris*;
- 7.3.2.2.8 Carbapenem-resistant *Acinetobacter baumannii* (CRAB);
- 7.3.2.2.9 Carbapenem-resistant Enterobacteriaceae (CRE);
- 7.3.2.2.10 Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA);
- 7.3.2.2.11 *Clostridium botulinum*;
- 7.3.2.2.12 *Corynebacterium diphtheriae*;
- 7.3.2.2.13 *Coxiella burnetii*;
- 7.3.2.2.14 *Cryptosporidium* species;
- 7.3.2.2.15 Eastern equine encephalitis virus;
- 7.3.2.2.16 *Francisella tularensis*;
- 7.3.2.2.17 *Haemophilus influenzae*, isolated from a normally sterile site;
- 7.3.2.2.18 Hantaviruses;
- 7.3.2.2.19 Hemorrhagic fever viruses;



- 7.3.2.2.20 Influenza A, novel strains only;
- 7.3.2.2.21 Jamestown Canyon virus;
- 7.3.2.2.22 La Crosse virus;
- 7.3.2.2.23 Legionella species;
- 7.3.2.2.24 Leptospira species;
- 7.3.2.2.25 Listeria species;
- 7.3.2.2.26 MERS-CoV;
- 7.3.2.2.27 Mycobacterium tuberculosis;
- 7.3.2.2.28 Neisseria meningitidis, isolated from a normally sterile site;
- 7.3.2.2.29 Powassan virus;
- 7.3.2.2.30 Ricin toxin;
- 7.3.2.2.31 Salmonella species;
- 7.3.2.2.32 SARS-CoV/SARS-associated virus;
- 7.3.2.2.33 Shiga toxin-producing E. coli (STEC) (including O157:H7);
- 7.3.2.2.34 Shigella species;
- 7.3.2.2.35 St. Louis encephalitis virus;
- 7.3.2.2.36 Streptococcus pyogenes (group A), isolated from a normally sterile site;
- 7.3.2.2.37 Vibrio species;
- 7.3.2.2.38 VISA (vancomycin-intermediate Staphylococcus aureus);
- 7.3.2.2.39 VRSA (vancomycin-resistant Staphylococcus aureus);
- 7.3.2.2.40 West Nile virus;
- 7.3.2.2.41 Yersinia enterocolitica; and
- 7.3.2.2.42 Yersinia pestis.

## **8.0 Pharmacist Reports**

Pharmacists are required to report to the Department any recognized unusual or increased prescription requests, unusual types of prescriptions, or unusual trends in pharmacy visits that may result from bioterrorist acts, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a substantial risk of significant number of human fatalities or incidents of permanent or long-term disability within 24 hours of when they become aware of such an event.

## **9.0 Data from Vermont Health Information Exchange**

**9.1** The Vermont Health Information Exchange shall provide access to data to the Health Department related to communicable diseases in Vermont. These may

include, but are not limited to, information for laboratory and case reporting, hospitalization data, and patient demographics.

- 9.2** The Vermont Health Information Exchange shall provide the Health Department with access to records reported to the Exchange for electronic laboratory reporting, immunizations, and information related to communicable diseases in Vermont.

## **10.0 Prophylaxis for Eyes of Newborn**

Prophylaxis for conjunctivitis of the newborn (ophthalmia neonatorum) shall be administered by a health care provider to all infants immediately after birth by the medical provider attending the birth.

## **11.0 Surveillance of Animal Diseases and Laboratory Findings**

### **11.1 Persons Required to Report**

11.1.1 The professionals listed below are required to report all diseases and laboratory findings listed in Section 11.5 to the Department. The following are required reporters of these diseases and laboratory findings:

11.1.1.1 Veterinarians;

11.1.1.2 Veterinary diagnostic laboratory directors; and

11.1.1.3 Biologists.

11.1.2 Required reporters listed in Section 11.1.1 shall report all suspected and confirmed diseases listed in Section 11.5.

11.1.3 Required reporters listed in Section 11.1.1 shall report all positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests listed in Section 11.5.

11.1.4 For those diseases or laboratory reports indicated by a “\*” results shall be reported immediately, by telephone, to the Department.

### **11.2 Additional Reporting Requirements for Animal Diseases and Laboratory Findings**

11.2.1 The following are additional reporting requirements that shall be reported to the Department, within 24 hours, following the requirements listed in Section 11.5, for the surveillance of any infectious agents, outbreaks, epidemics, related public health hazard, or act of bioterrorism:

- 11.2.1.1 Any single unusual occurrence of an animal disease of a major public health concern;
- 11.2.1.2 Any single unusual occurrence of a laboratory finding of a major public health concern;
- 11.2.1.3 Any unexpected pattern or cluster of cases, suspected cases, or deaths from an animal disease or laboratory finding of a major public health concern; and
- 11.2.1.4 Any evidence or suspicion of terrorism, including intentional or threatened use of viruses, bacteria, fungi, toxins, chemicals, or radiologic material to produce malfunction, illness, or death in animals and/or humans.

### 11.3 Content of the Report

11.3.1 Clinical report: The report of a clinical diagnosis or suspicion of the diseases listed in Section 11.5, or any unusual cluster of animal illnesses or deaths shall include as much of the following information as is available:

- 11.3.1.1 Location or suspected location of the affected animal(s);
- 11.3.1.2 Name of any known owner;
- 11.3.1.3 Address of any known owner;
- 11.3.1.4 Name of reporting individual;
- 11.3.1.5 Address of reporting individual;
- 11.3.1.6 Name of disease or suspected disease being reported;
- 11.3.1.7 Type of animal(s) affected;
- 11.3.1.8 Number of animal(s) affected;
- 11.3.1.9 Date of confirmation of disease or onset of clinical signs;
- 11.3.1.10 Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;
- 11.3.1.11 Laboratory and diagnostic results relevant to the disease or syndrome, if requested; and
- 11.3.1.12 Any other information deemed pertinent by the reporter.

11.3.2 Laboratory report: The report of positive, non-negative, presumptive, or confirmed isolation, detection or serological results shall include as much of the following information as is available:

- 11.3.2.1 Name of any known owner;
- 11.3.2.2 Address of any known owner;
- 11.3.2.3 Name of person who submitted specimen;
- 11.3.2.4 Address of person who submitted specimen;
- 11.3.2.5 Name of test;
- 11.3.2.6 Result of test;
- 11.3.2.7 Date submitted;

- 11.3.2.8 Date of positive test result;
- 11.3.2.9 Specimen type (e.g. swab); and
- 11.3.2.10 Specimen source (e.g. skin, mouth).

11.3.3 Laboratories are required to report the result to the Department irrespective of the required reporting of other parties listed under this rule.

#### **11.4 How to Make a Report for Animal Disease and Laboratory Finding**

11.4.1 The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department within 24 hours, unless denoted with an asterisk (\*).

11.4.2 Diseases and laboratory findings, denoted with an asterisk (\*), shall be reported to the Department immediately, by telephone.

#### **11.5 Animal Diseases and Laboratory Findings Required to be Reported**

11.5.1 The professionals listed in Section 11.1.1 shall report to the Department within 24 hours of the time when they become aware of clinical or laboratory diagnosis, suspicion of any rare infectious disease in animals that might pose a risk to a significant number of human and animal fatalities, or incidents of permanent or long-term disability. For those diseases or laboratory reports indicated by a "\*" results shall be reported to the Department immediately, by telephone.

- 11.5.1.1 Anthrax (*Bacillus anthracis*)\* ;
- 11.5.1.2 Arboviral infection;
- 11.5.1.3 Avian Chlamydiosis ( *Chlamydia psittaci*);
- 11.5.1.4 Brucellosis (*Brucella* species);
- 11.5.1.5 Glanders (*Burkholderia mallei*)\*;
- 11.5.1.6 Hantavirus;
- 11.5.1.7 Mpox;
- 11.5.1.8 *Mycobacterium tuberculosis* complex;
- 11.5.1.9 Novel influenza (avian, swine);
- 11.5.1.10 Plague (*Yersinia pestis*)\*;
- 11.5.1.11 Q Fever (*Coxiella burnetii*);
- 11.5.1.12 Rabies\*;
- 11.5.1.13 SARS-CoV-2 infection; and
- 11.5.1.14 Tularemia (*Francisella tularensis*)\*.

#### **12.0 Rabies Control**

**12.1 Animal Bite Report:** The form to report an animal bite is available at [www.healthvermont.gov](http://www.healthvermont.gov).

**12.1.1 Physician Report Responsibilities**

12.1.1.1 Physicians shall report to the local health officer the full name, age and address of any person known to have been bitten by an animal of a species subject to rabies within 24 hours of actual or constructive notice.

**12.1.2 Reporting Responsibilities When There is No Physician in Attendance**

12.1.2.1 Minors: If no physician is in attendance and the person bitten is under 18 years of age, the parent or guardian shall make such report within 24 hours of actual or constructive notice to the local town health officer.

12.1.2.2 Adults: If no physician is in attendance and the person bitten is an adult, the person shall report, or cause to be reported, such information to the local town health officer.

**12.2 Control Methods in Domestic and Confined Animals**

12.2.1 Post exposure management: Any animal bitten or scratched by a wild mammal not available for testing shall be regarded as having been exposed to rabies.

12.2.1.1 Dogs, Cats and Ferrets: When an unvaccinated dog, cat or ferret is exposed to a rabid animal the Department may order that the exposed animal be euthanized immediately or be placed in strict isolation for 4 (dogs and cats) or 6 (ferrets) months. A rabies vaccine shall be administered immediately. Dogs, cats, and ferrets that are currently vaccinated shall be revaccinated immediately, kept under the owner's control, and observed for 45 days. Animals overdue for a booster vaccination need to be evaluated on a case-by-case basis.

12.2.1.2 Other Animals: Other animals exposed to rabies should be evaluated on a case-by-case basis.

**12.2.2 Management of Animals that Bite Humans**

12.2.2.1 The local health officer shall cause an apparently healthy dog, cat or ferret, regardless of vaccinations status, that bites a

person to be confined and observed for 10 days.

- 12.2.2.2 A rabies vaccine should not be administered during the observation period and such animals must be evaluated by a veterinarian at the first sign of illness during confinement. Any illness in the animal must be reported immediately to the local health officer.
- 12.2.2.3 If clinical signs consistent with rabies develop, the animal must be euthanized immediately, its head removed, and the head shipped under refrigeration for examination by the state Health Department laboratory.
- 12.2.2.4 Other animals, which may have bitten and exposed a person to rabies, shall be reported within 24 hours to the local health officer. Prior vaccinations of an animal may not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species. Management of animals other than dogs, cats or ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, and the biting animal's history, current health status, and potential for exposure to rabies.

### **12.3 Removal of Animal**

- 12.3.1 A confined animal being observed for signs of rabies shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the local health officer from whose district such animal is to be removed and the permission of the health officer to whose jurisdiction such animal is to be transferred.
- 12.3.2 The former shall give permission only after securing the consent of the local health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to another state, they shall give permission only after securing the consent of the Commissioner.
- 12.3.3 Such removal shall be private conveyance, in charge of a responsible person and conducted in such manner as to prevent the escape of the animal or its coming in contact with other animals or persons.

### **12.4 Laboratory Specimens**

12.4.1 Whenever any animal that has or is suspected of having rabies dies or is killed, it shall be the duty of the local health officer to ensure the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner. The local health officer shall notify the health department of the specimen's intended arrival.

## **12.5 Destruction of Animals, Subject to Rabies; Precautions**

12.5.1 Whenever an animal subject to rabies is brought to a veterinarian to be destroyed, an attempt shall be made by the veterinarian to ascertain that the animal has not bitten any person within the previous ten-day period; before destroying the animal, they shall require the owner to sign a statement to this effect, and they shall not destroy any animal which has bitten a person within ten days. The health officer must be notified by the veterinarian of any such biting incident. If a biting animal is euthanized within ten days of the bite, the veterinarian shall consult with the Department and cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner.

# The Vermont Statutes Online

The Vermont Statutes Online have been updated to include the actions of the 2023 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

## **Title 3 : Executive**

### **Chapter 025 : Administrative Procedure**

#### **Subchapter 001 : General Provisions**

(Cite as: **3 V.S.A. § 801**)

#### **§ 801. Short title and definitions**

(a) This chapter may be cited as the “Vermont Administrative Procedure Act.”

(b) As used in this chapter:

(1) “Agency” means a State board, commission, department, agency, or other entity or officer of State government, other than the Legislature, the courts, the Commander in Chief, and the Military Department, authorized by law to make rules or to determine contested cases.

(2) “Contested case” means a proceeding, including but not restricted to rate-making and licensing, in which the legal rights, duties, or privileges of a party are required by law to be determined by an agency after an opportunity for hearing.

(3) “License” includes the whole or part of any agency permit, certificate, approval, registration, charter, or similar form of permission required by law.

(4) “Licensing” includes the agency process respecting the grant, denial, renewal, revocation, suspension, annulment, withdrawal, or amendment of a license.

(5) “Party” means each person or agency named or admitted as a party, or properly seeking and entitled as of right to be admitted as a party.

(6) “Person” means any individual, partnership, corporation, association, governmental subdivision, or public or private organization of any character other than an agency.

(7) “Practice” means a substantive or procedural requirement of an agency, affecting one or more persons who are not employees of the agency, that is used by the



agency in the discharge of its powers and duties. The term includes all such requirements, regardless of whether they are stated in writing.

(8) "Procedure" means a practice that has been adopted in writing, either at the election of the agency or as the result of a request under subsection 831(b) of this title. The term includes any practice of any agency that has been adopted in writing, whether or not labeled as a procedure, except for each of the following:

(A) a rule adopted under sections 836-844 of this title;

(B) a written document issued in a contested case that imposes substantive or procedural requirements on the parties to the case;

(C) a statement that concerns only:

(i) the internal management of an agency and does not affect private rights or procedures available to the public;

(ii) the internal management of facilities that are secured for the safety of the public and the individuals residing within them; or

(iii) guidance regarding the safety or security of the staff of an agency or its designated service providers or of individuals being provided services by the agency or such a provider;

(D) an intergovernmental or interagency memorandum, directive, or communication that does not affect private rights or procedures available to the public;

(E) an opinion of the Attorney General; or

(F) a statement that establishes criteria or guidelines to be used by the staff of an agency in performing audits, investigations, or inspections, in settling commercial disputes or negotiating commercial arrangements, or in the defense, prosecution, or settlement of cases, if disclosure of the criteria or guidelines would compromise an investigation or the health and safety of an employee or member of the public, enable law violators to avoid detection, facilitate disregard of requirements imposed by law, or give a clearly improper advantage to persons that are in an adverse position to the State.

(9) "Rule" means each agency statement of general applicability that implements, interprets, or prescribes law or policy and that has been adopted in the manner provided by sections 836-844 of this title.

(10) "Incorporation by reference" means the use of language in the text of a regulation that expressly refers to a document other than the regulation itself.

(11) "Adopting authority" means, for agencies that are attached to the Agencies of Administration, of Commerce and Community Development, of Natural Resources, of Human Services, and of Transportation, or any of their components, the secretaries of those agencies; for agencies attached to other departments or any of their components,

the commissioners of those departments; and for other agencies, the chief officer of the agency. However, for the procedural rules of boards with quasi-judicial powers, for the Transportation Board, for the Vermont Veterans' Memorial Cemetery Advisory Board, and for the Fish and Wildlife Board, the chair or executive secretary of the board shall be the adopting authority. The Secretary of State shall be the adopting authority for the Office of Professional Regulation.

(12) "Small business" means a business employing no more than 20 full-time employees.

(13)(A) "Arbitrary," when applied to an agency rule or action, means that one or more of the following apply:

(i) There is no factual basis for the decision made by the agency.

(ii) The decision made by the agency is not rationally connected to the factual basis asserted for the decision.

(iii) The decision made by the agency would not make sense to a reasonable person.

(B) The General Assembly intends that this definition be applied in accordance with the Vermont Supreme Court's application of "arbitrary" in *Beyers v. Water Resources Board*, 2006 VT 65, and *In re Town of Sherburne*, 154 Vt. 596 (1990).

(14) "Guidance document" means a written record that has not been adopted in accordance with sections 836-844 of this title and that is issued by an agency to assist the public by providing an agency's current approach to or interpretation of law or describing how and when an agency will exercise discretionary functions. The term does not include the documents described in subdivisions (8)(A) through (F) of this section.

(15) "Index" means a searchable list of entries that contains subjects and titles with page numbers, hyperlinks, or other connections that link each entry to the text or document to which it refers. (Added 1967, No. 360 (Adj. Sess.), § 1, eff. July 1, 1969; amended 1981, No. 82, § 1; 1983, No. 158 (Adj. Sess.), eff. April 13, 1984; 1985, No. 56, § 1; 1985, No. 269 (Adj. Sess.), § 4; 1987, No. 76, § 18; 1989, No. 69, § 2, eff. May 27, 1989; 1989, No. 250 (Adj. Sess.), § 88; 2001, No. 149 (Adj. Sess.), § 46, eff. June 27, 2002; 2017, No. 113 (Adj. Sess.), § 3; 2017, No. 156 (Adj. Sess.), § 2.)

VERMONT **GENERAL ASSEMBLY**

# The Vermont Statutes Online

The Vermont Statutes Online have been updated to include the actions of the 2023 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

## **Title 18 : Health**

### **Chapter 003 : Department of Health; Commissioner of Health**

(Cite as: **18 V.S.A. § 102**)

#### **§ 102. Duties of Commissioner of Health**

The Commissioner shall supervise and direct the execution of all laws vested in the Department of Health by virtue of this title and shall formulate and carry out all policies relating thereto and shall adopt such rules as are necessary to administer this title and shall make a biennial report with recommendations to the Governor and to the General Assembly. The Commissioner's jurisdiction over sewage disposal includes emergent conditions that create a risk to the public health as a result of sewage treatment and disposal, or its effects on water supply, but does not include rulemaking on design standards for on-site sewage disposal systems. (Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961; 1983, No. 117 (Adj. Sess.), § 2; 2015, No. 23, § 104; 2023, No. 53, § 23, eff. June 8, 2023.)

VERMONT **GENERAL ASSEMBLY**

# The Vermont Statutes Online

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## **Title 18 : Health**

### **Chapter 021 : Communicable Diseases**

#### **Subchapter 001 : General Provisions**

(Cite as: **18 V.S.A. § 1001**)

#### **§ 1001. Reports to Commissioner of Health**

(a) When a physician, health care provider, nurse practitioner, nurse, physician assistant, or school health official has reason to believe that a person is sick or has died of a diagnosed or suspected disease, identified by the Department of Health as a reportable disease and dangerous to the public health, or if a laboratory director has evidence of such sickness or disease, he or she shall transmit within 24 hours a report thereof and identify the name and address of the patient and the name of the patient's physician to the Commissioner of Health or designee. In the case of the human immunodeficiency virus (HIV), "reason to believe" shall mean personal knowledge of a positive HIV test result. The Commissioner, with the approval of the Secretary of Human Services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable. Nonmedical community-based organizations shall be exempt from this reporting requirement. All information collected pursuant to this section and in support of investigations and studies undertaken by the Commissioner for the purpose of determining the nature or cause of any disease outbreak shall be privileged and confidential. The Department of Health shall, by rule, require that any person required to report under this section has in place a procedure that ensures confidentiality.

(b) Public health records developed or acquired by State or local public health agencies that relate to HIV or AIDS and that contain either personally identifying information or information that may indirectly identify a person shall be confidential and only disclosed following notice to and written authorization from the individual subject of the public health record or the individual's legal representative. Notice otherwise required pursuant to this section shall not be required for disclosures to the federal government; other departments, agencies, or programs of the State; or other states'

infectious disease surveillance programs if the disclosure is for the purpose of comparing the details of potentially duplicative case reports, provided the information shall be shared using the least identifying information first so that the individual's name shall be used only as a last resort.

(c) [Repealed.]

(d) A confidential public health record, including any information obtained pursuant to this section, shall not be:

(1) disclosed or discoverable in any civil, criminal, administrative, or other proceeding;

(2) used to determine issues relating to employment or insurance for any individual;

(3) used for any purpose other than public health surveillance, and epidemiological follow-up.

(e) Any person who:

(1) Willfully or maliciously discloses the content of any confidential public health record without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$25,000.00, costs and attorney's fees as determined by the court, compensatory and punitive damages, or equitable relief, including restraint of prohibited acts, costs, reasonable attorney's fees, and other appropriate relief.

(2) Negligently discloses the content of any confidential public health record without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section shall be subject to a civil penalty in an amount not to exceed \$2,500.00 plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the confidential information.

(3) Willfully, maliciously, or negligently discloses the results of an HIV test to a third party in a manner that identifies or provides identifying characteristics of the person to whom the test results apply without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section and that results in economic, bodily, or psychological harm to the subject of the test is guilty of a misdemeanor, punishable by imprisonment for a period not to exceed one year or a fine not to exceed \$25,000.00, or both.

(4) Commits any act described in subdivision (1), (2), or (3) of this subsection shall be liable to the subject for all actual damages, including damages for any economic, bodily, or psychological harm that is a proximate result of the act. Each disclosure made in violation of this chapter is a separate and actionable offense. Nothing in this section shall limit or expand the right of an injured subject to recover damages under any other applicable law.

(f) [Repealed.]

(g) Health care providers must, prior to performing an HIV test, inform the individual to be tested that a positive result will require reporting of the result and the individual's name to the Department, and that there are testing sites that provide anonymous testing that are not required to report positive results. The Department shall develop and make widely available a model notification form.

(h) Nothing in this section shall affect the ongoing availability of anonymous testing for HIV. Anonymous HIV testing results shall not be required to be reported under this section.

(i) The Department shall annually evaluate the systems and confidentiality procedures developed to implement networked and non-networked electronic reporting, including system breaches and penalties for disclosure to State personnel. The Department shall provide the results of this evaluation to and solicit input from the Vermont HIV/AIDS Community Advisory Group.

(j) The Department shall collaborate with community-based organizations to educate the public and health care providers about the benefits of HIV testing and the use of current testing technologies.

(k) The Commissioner shall maintain a separate database of reports received pursuant to subsection 1141(i) of this title for the purpose of tracking the number of tests performed pursuant to chapter 21, subchapter 5 of this title and other information as the Department of Health finds necessary and appropriate. The database shall not include any information that personally identifies a patient. (Amended 1979, No. 60, § 1; 1997, No. 7, § 1, eff. April 29, 1997; 1999, No. 17, § 2; 2007, No. 73, § 2; eff. April 1, 2008; 2007, No. 194 (Adj. Sess.), § 2; 2009, No. 81 (Adj. Sess.), § 1, eff. April 20, 2010; 2013, No. 34, § 30a; 2015, No. 37, § 2.)

VERMONT **GENERAL ASSEMBLY**

# The Vermont Statutes Online

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## **Title 20 : Internal Security and Public Safety**

### **Chapter 193 : Domestic Pet or Wolf-Hybrid Control**

#### **Subchapter 005 : Control of Rabies**

(Cite as: **20 V.S.A. § 3801**)

#### **§ 3801. Rabies control authority**

(a) In the event of an outbreak of rabies, the Secretary of Agriculture, Food and Markets, the Commissioner of Fish and Wildlife, and the Commissioner of Health shall work together to assist the affected towns. In addition to the responsibilities provided by this chapter, the Agency of Agriculture, Food and Markets shall generally be responsible for management of rabies in livestock, education of veterinarians and livestock owners concerning rabies, and vaccination recommendations for livestock. The Department of Fish and Wildlife shall generally be responsible for management of rabies in wildlife and the education of the sporting community, municipal officials, and the general public about rabies in wildlife. The Department of Health shall generally be responsible for the prevention of rabies in humans, management of rabies in animals that may have exposed humans, and assisting with diagnosis of rabies in animals that may have exposed humans and supervision of health officials' education.

(b) In addition to any other applicable authority, the Agency of Agriculture, Food and Markets, the Department of Health, and the Department of Fish and Wildlife may, individually or jointly, adopt rules to control the spread of rabies within a specific region or within the State as a whole. The Secretary of Agriculture, Food and Markets is authorized to adopt rules necessary to control the spread of rabies in domestic animals, domestic pets, and wolf-hybrids, including mandating the vaccination of specific species of animals, the conditions under which rabies inoculation clinics may be operated, and establishing quarantines for domestic animals. The Commissioner of Fish and Wildlife is authorized to adopt rules necessary to control the spread of rabies in wildlife, including mandating the vaccination of specific species of wild animals, translocation of wild animals, and the destruction of wild animals through the use of registered pesticides,

trapping, or other means as may be necessary. The Commissioner of Health is authorized to adopt rules requiring the reporting of incidents of animals biting humans; the confinement, quarantine, observation, and disposition of animals that are suspected of exposing humans to rabies; and the disposition of animals bitten by animals suspected of carrying rabies and other rules as necessary to protect the general public from rabies.

(c) The Agency of Agriculture, Food and Markets, the Department of Health, and the Department of Fish and Wildlife may cooperate with other federal, state, and local officials in controlling the spread of rabies within the State and within the region. (Amended 1965, No. 36, § 4, eff. April 28, 1965; 1983, No. 158 (Adj. Sess.), eff. April 13, 1984; 1989, No. 256 (Adj. Sess.), § 10(a), eff. Jan. 1, 1991; 1993, No. 213 (Adj. Sess.), § 23, eff. June 15, 1994; 2003, No. 42, § 2, eff. May 27, 2003.)



## VERMONT GENERAL ASSEMBLY

## The Vermont Statutes Online

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### Title 13 : Crimes and Criminal Procedure

#### Chapter 076 : Weapons of Mass Destruction

(Cite as: 13 V.S.A. § 3504)

#### § 3504. Reporting illnesses, diseases, injuries, and deaths associated with weapons of mass destruction

(a)(1) Illness, disease, injury, or death. A health care provider shall report all cases of persons who exhibit any illness, disease, injury, or death identified by the Department of Health as likely to be caused by a weapon of mass destruction, which may include illnesses, diseases, injuries, or deaths that:

(A) can result from bioterrorism, epidemic, or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a risk of a significant number of human fatalities or incidents of permanent or long-term disability; or

(B) may be caused by the biological agents listed in 42 C.F.R. Part 72, Appendix A.

(2) This section does not authorize, nor shall it be interpreted to authorize, unreasonable searches and seizures by public health care employees; nor does this section authorize performance of diagnostic tests or procedures for the specific purpose of incriminating patients, unless the patient consents to such specific tests or procedures after notice of his or her constitutional rights and knowing waiver of them.

(3) Health care providers who make good faith reports to the Department of Health under this section shall be immune from prosecution, suit, administrative or regulatory sanctions for defamation, breach of confidentiality or privacy, or any other cause of action based on such reports or errors contained in such reports.

(b) Pharmacists. A pharmacist shall report any unusual or increased prescription requests, unusual types of prescriptions, or unusual trends in pharmacy visits that may result from bioterrorist acts, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a substantial risk of a significant

number of human fatalities or incidents of permanent or long-term disability.

Prescription-related events that require a report include, but are not limited to:

(1) an unusual increase in the number of prescriptions to treat fever, respiratory, or gastrointestinal complaints;

(2) an unusual increase in the number of prescriptions for antibiotics;

(3) an unusual increase in the number of requests for information on over-the-counter pharmaceuticals to treat fever, respiratory, or gastrointestinal complaints; and

(4) any prescription that treats a disease that is relatively uncommon and may be the result of bioterrorism.

(c)(1) Manner of reporting. A report made pursuant to subsection (a) or (b) of this section shall be made in writing within 24 hours to the Commissioner of Health or designee.

(2) The report shall include as much of the following information as is available:

(A) The patient's name, date of birth, sex, race, and current address (including city and county).

(B) The name and address of the health care provider, and of the reporting individual, if different.

(C) Any other information as determined by the Commissioner of Health.

(3) The Department of Health shall establish a form, which may be filed electronically, for use in filing the reports required by this subsection.

(d)(1) Animal diseases. Every veterinarian, livestock owner, veterinary diagnostic laboratory director, or other person having the care of animals, shall report animals having or suspected of having any disease that can result from bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a risk of a significant number of human and animal fatalities or incidents of permanent or long-term disability.

(2) A report made pursuant to this subsection shall be made, in writing, within 24 hours to the Commissioner of Health or designee, and shall include as much of the following information as is available: the location or suspected location of the animal, the name and address of any known owner, and the name and address of the reporting individual.

(e) Laboratories. For purposes of this section only, the term "health care provider" shall also include out-of-state medical laboratories that have agreed to the reporting requirements of this State. Results must be reported by the laboratory that performs the test, but an in-state laboratory that sends specimens to an out-of-state laboratory is also responsible for reporting results.

(f) Enforcement. The Department of Health may enforce the provisions of this section in accordance with 18 V.S.A. chapters 3 and 11.

(g) Disclosure. Information collected pursuant to this section and in support of investigations and studies undertaken by the Commissioner in response to reports made pursuant to this section shall be privileged and confidential. This subsection shall not apply to the disclosure of information to a law enforcement agency for a legitimate law enforcement purpose.

(h) Rulemaking. The Commissioner of Health shall, after consultation with the Commissioner of Public Safety, adopt rules to implement this section. The rules adopted pursuant to this subsection shall include methods to ensure timely communication from the Department of Health to the Department of Public Safety. (Added 2001, No. 137 (Adj. Sess.), § 3.)



# Proposed Rules Postings

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### Deadline For Public Comment

Deadline: May 06, 2024

The deadline for public comment has expired. Contact the agency or primary contact person listed below for assistance.

### Rule Details

|                  |  |
|------------------|--|
| Rule Number:     | 24P014   |
| Title:           | Reportable and Communicable Diseases Rule.   |
| Type:            | Standard   |
| Status:          | Proposed   |
| Agency:          | Department of Health, Agency of Human Services   |
| Legal Authority: | 3 V.S.A. § 801(b)(11); 18 V.S.A. §§ 102 and 1001, 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).   |
| Summary:         | This rulemaking does the following: 1) Modifies the content contained in reports to include additional information if requested; 2) Removes the requirement to report negative and indeterminate SARS-CoV-2, the lab test for COVID-19, results to |

the Department of Health (Department); 3) Changes the required reporting period for positive SARS-CoV-2 results and COVID-19 from "immediately" to "within 24 hours"; 4) Adds Mpox to the list of reportable diseases and the associated laboratory finding, Non-variola Orthopoxvirus, to the list of reportable laboratory findings; 5) Clarifies that immediate reporting for identified diseases and laboratory findings means they must be reported by telephone to the Department; 6) Requires additional organisms to be sent to the Department Laboratory; 7) Updates and clarifies various other human and animal diseases, syndromes, and laboratory findings required to be reported to the Department; and 8) Reorganizes the rule for clarity.

Persons Affected: Health care providers; Laboratory directors; Veterinarians;

Economic Impact: There is likely to be a positive, though unmeasurable, economic impact to health care providers and laboratories associated with the removal of the requirement to report negative and indeterminate laboratory results for SARS-CoV-2.

Posting date: Mar 27,2024

## Hearing Information

### Information for Hearing # 1

Hearing date: 04-29-2024 11:00 AM [ADD TO YOUR CALENDAR](#)  
Location: State Office Complex, Rm Linden 22  
Address: NOB 2 North, 280 State Drive  
City: Waterbury  
State: VT  
Zip: 05671  
Hearing Notes: Call in (audio only) +1 802-828-7667,,76013387#  
United States, Montpelier Phone Conference ID: 760 133 87#

## Contact Information

### Information for Primary Contact

**PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE.**

Level: Primary

Name: Natalie Weill  
Agency: Department of Health, Agency of Human Services  
Address: 280 State Drive  
City: Waterbury  
State: VT  
Zip: 05671-8300  
Telephone: 802-863-7280  
Fax: 802-951-1275  
Email: [ahs.vdhrules@vermont.gov](mailto:ahs.vdhrules@vermont.gov)

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Website: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>  
Address: [VIEW WEBSITE](#)

### Information for Secondary Contact

**SECONDARY CONTACT PERSON** - A SPECIFIC PERSON FROM WHOM COPI FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PER

Level: Secondary  
Name: Brendan Atwood  
Agency: Department of Health, Agency of Human Services  
Address: 280 State Drive  
City: Waterbury  
State: VT  
Zip: 05671-8300  
Telephone: 802-863-7280  
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## Keyword Information

Keywords:

Mpox  
Human Monkey Pox Virus  
COVID-19  
Reportable and Communicable Diseases  
Laboratory  
Tests

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| St. Albans Messenger<br>Legals ( <a href="mailto:legals@samessenger.com">legals@samessenger.com</a> ; <a href="mailto:cfoley@orourkemediagroup.com">cfoley@orourkemediagroup.com</a> )  | Tel: 524-9771 ext. 117 FAX: 527-1948<br>Attn: Legals       |
| The Islander<br>( <a href="mailto:islander@vermontislander.com">islander@vermontislander.com</a> )  | Tel: 802-372-5600 FAX: 802-372-3025                        |
| Vermont Lawyer<br>( <a href="mailto:hunter.press.vermont@gmail.com">hunter.press.vermont@gmail.com</a> )  | Attn: Will Hunter  |

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**FROM:** APA Coordinator, VSARA **Date of Fax:** March 26, 2024

**RE:** The "Proposed State Rules " ad copy to run on **April 4, 2024**

**PAGES INCLUDING THIS COVER MEMO:** **2**

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**\*NOTE\* 8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.**

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If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail [sos.statutoryfilings@vermont.gov](mailto:sos.statutoryfilings@vermont.gov), Thanks.



## PROPOSED STATE RULES

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By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at <https://secure.vermont.gov/SOS/rules/>. The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

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### Unused Drug Repository Rule.

Vermont Proposed Rule: 24P013

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: This rulemaking establishes the requirements for the administration of, and participation in, the Unused Drug Repository program. The purpose of this program is to get medicine to those who need it and who may have difficulty affording it. This Program will collect, inspect, and dispense medicine to patients, with priority given to those who meet the statutory criteria. This rulemaking outlines the program requirements for the Program Administrator, Collection Sites, Dispensing Sites, donors, and recipients.

FOR FURTHER INFORMATION, CONTACT: Brendan Atwood, Department of Health, 280 State Drive, Waterbury, VT 05671-8300 Tel: 802-863-7280 Fax: 802-951-1275 E-Mail: [ahs.vdhrules@vermont.gov](mailto:ahs.vdhrules@vermont.gov) URL: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>.

FOR COPIES: Natalie Weill, Department of Health, 280 State Drive, Waterbury, VT 05671-8300 Tel: 802-863-7280 Fax: 802-951-1275 E-Mail: [ahs.vdhrules@vermont.gov](mailto:ahs.vdhrules@vermont.gov)

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### Reportable and Communicable Diseases Rule.

Vermont Proposed Rule: 24P014

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: This rulemaking does the following: 1) Modifies the content contained in reports to include additional information if requested; 2) Removes the requirement to report negative and indeterminate SARS-CoV-2, the lab test for COVID-19, results to the Department of Health (Department); 3) Changes the required reporting period for positive SARS-CoV-2 results and COVID-19 from "immediately" to "within 24 hours"; 4) Adds Mpox to the list of reportable diseases and the associated laboratory finding, Non-variola Orthopoxvirus, to the list of reportable laboratory findings; 5) Clarifies that immediate reporting for identified diseases and laboratory findings means they must be reported by telephone to the Department; 6) Requires additional organisms to be sent to the Department Laboratory; 7) Updates and clarifies various other human and animal diseases, syndromes, and laboratory findings required to be reported to the Department;

and 8) Reorganizes the rule for clarity. FOR FURTHER INFORMATION, CONTACT: Natalie Weill, Department of Health, 280 State Drive, Waterbury, VT 05671-8300 Tel: 802-863-7280 Fax: 802-951-1275 E-Mail: [ahs.vdhrules@vermont.gov](mailto:ahs.vdhrules@vermont.gov) URL: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>.

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Improved Tracking of Workplace Injuries and Illnesses.

Vermont Proposed Rule: 24P015

AGENCY: Department of Labor

CONCISE SUMMARY: OSHA is amending its occupational injury and illness recordkeeping regulation to require certain employers to electronically submit injury and illness information to OSHA that employers are already required to keep under the recordkeeping regulation. Specifically, OSHA is amending its regulation to require establishments with 100 or more employees in certain designated industries to electronically submit information from their OSHA Forms 300 and 301 to OSHA once a year. OSHA will not collect employee names or addresses, names of health care professionals, or names and addresses of facilities where treatment was provided if treatment was provided away from the worksite from the Forms 300 and 301. OSHA intends to post this information - after redacting appropriate personal and medically protected information - on its website accessible by the public.

FOR FURTHER INFORMATION, CONTACT: Daniel A. Whipple, Department of Labor, Vermont Occupational Safety and Health Administration, PO Box 488 Montpelier VT 05601-0488 Tel: 802-828-5084 Fax: 802-828-0408 E-Mail: [dan.whipple@vermont.gov](mailto:dan.whipple@vermont.gov). URL: <https://labor.vermont.gov/document/improved-trackingworkplace-%0d%0ainjuries-and-illnesses>.

FOR COPIES: Karl P. Hayden, Department of Labor, Vermont Occupational Safety and Health Administration, PO Box 488 Montpelier, VT 05601-0488 Tel: 802-828-5085 Fax: 802-828-0408 E-mail: [karl.hayden@vermont.gov](mailto:karl.hayden@vermont.gov).  
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